

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 0178T | 64 Lead Ecg W/I&R | | | M | |
| 0179T | 64 Lead Ecg W/Tracing | | | M | |
| 0180T | 64 Lead Ecg W/I&R Only | | | M | |
| 10021 | Fna W/O Image | | | \$69.14 | |
| 10022 | Fna W/Image | | | \$79.24 | |
| 10060 | Drainage Of Skin Abscess | | | \$65.77 | |
| 10061 | Drainage Of Skin Abscess | | | \$115.89 | |
| 10120 | Remove Foreign Body | | | \$85.18 | |
| 10121 | Remove Foreign Body | | | \$153.92 | |
| 10140 | Drainage Of Hematoma/Fluid | | | \$91.52 | |
| 10160 | Puncture Drainage Of Lesion | | | \$73.10 | |
| 11042 | Deb Subq Tissue 20 Sq Cm/< | | | \$65.37 | |
| 11055 | Trim Skin Lesion | | | \$26.55 | |
| 11056 | Trim Skin Lesions 2 To 4 | | | \$32.49 | |
| 11100 | Biopsy Skin Lesion | | | \$57.85 | |
| 11101 | Biopsy Skin Add-On | | | \$18.42 | |
| 11200 | Removal Of Skin Tags <W/15 | | | \$49.33 | |
| 11201 | Remove Skin Tags Add-On | | | \$10.70 | |
| 11300 | Shave Skin Lesion 0.5 Cm/< | | | \$54.28 | |
| 11301 | Shave Skin Lesion 0.6-1.0 Cm | | | \$66.96 | |
| 11302 | Shave Skin Lesion 1.1-2.0 Cm | | | \$78.84 | |
| 11305 | Shave Skin Lesion 0.5 Cm/< | | | \$55.47 | |
| 11306 | Shave Skin Lesion 0.6-1.0 Cm | | | \$68.15 | |
| 11307 | Shave Skin Lesion 1.1-2.0 Cm | | | \$80.43 | |
| 11400 | Exc Tr-Ext B9+Marg 0.5 Cm< | | | \$69.34 | |
| 11401 | Exc Tr-Ext B9+Marg 0.6-1 Cm | | | \$83.40 | |
| 11402 | Exc Tr-Ext B9+Marg 1.1-2 Cm | | | \$92.71 | |
| 11403 | Exc Tr-Ext B9+Marg 2.1-3cm/< | | | \$107.57 | |
| 11404 | Exc Tr-Ext B9+Marg 3.1-4 Cm | | | \$122.23 | |
| 11420 | Exc H-F-Nk-Sp B9+Marg 0.5/< | | | \$68.54 | |
| 11421 | Exc H-F-Nk-Sp B9+Marg 0.6-1 | | | \$87.76 | |
| 11720 | Debride Nail 1-5 | | | \$18.03 | |
| 11721 | Debride Nail 6 Or More | | | \$25.16 | |
| 11730 | Removal Of Nail Plate | | | \$55.47 | |
| 11732 | Remove Nail Plate Add-On | | | \$20.01 | |
| 11740 | Drain Blood From Under Nail | | | \$27.73 | |
| 11750 | Removal Of Nail Bed | | | \$101.23 | |
| 11765 | Excision Of Nail Fold Toe | | | \$93.70 | |
| 11900 | Inject Skin Lesions </W 7 | | | \$31.10 | |
| 11976 | Remove Contraceptive Capsule | | | \$80.03 | |
| 11981 | Insert Drug Implant Device | | | \$78.84 | |
| 11982 | Remove Drug Implant Device | | | \$89.54 | |
| 11983 | Remove/Insert Drug Implant | | | \$125.00 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 12001 | Rpr S/N/Ax/Gen/Trnk 2.5cm/< | | | \$49.92 | |
| 12002 | Rpr S/N/Ax/Gen/Trnk2.6-7.5cm | | | \$60.82 | |
| 12011 | Rpr F/E/E/N/L/M 2.5 Cm/< | | | \$61.21 | |
| 12013 | Rpr F/E/E/N/L/M 2.6-5.0 Cm | | | \$63.99 | |
| 12031 | Intmd Rpr S/A/T/Ext 2.5 Cm/< | | | \$132.73 | |
| 12032 | Intmd Rpr S/A/T/Ext 2.6-7.5 | | | \$169.97 | |
| 12041 | Intmd Rpr N-Hf/Genit 2.5cm/< | | | \$132.73 | |
| 12042 | Intmd Rpr N-Hf/Genit2.6-7.5 | | | \$162.05 | |
| 12051 | Intmd Rpr Face/Mm 2.5 Cm/< | | | \$144.81 | |
| 16020 | Dress/Debrid P-Thick Burn S | | | \$45.76 | |
| 17000 | Destruct Premalg Lesion | | | \$37.44 | |
| 17003 | Destruct Premalg Les 2-14 | | | \$3.17 | |
| 17110 | Destruct B9 Lesion 1-14 | | | \$62.01 | |
| 17111 | Destruct Lesion 15 Or More | | | \$73.50 | |
| 17250 | Chemical Cautery Tissue | | | \$44.37 | |
| 17340 | Cryotherapy Of Skin | | | \$28.92 | |
| 20526 | Ther Injection Carp Tunnel | | | \$43.38 | |
| 20527 | Inj Dupuytren Cord W/Enzyme | | | \$47.35 | |
| 20550 | Inj Tendon Sheath/Ligament | | | \$33.08 | |
| 20551 | Inj Tendon Origin/Insertion | | | \$33.88 | |
| 20552 | Inj Trigger Point 1/2 Muscl | | | \$31.10 | |
| 20553 | Inject Trigger Points 3/> | | | \$35.86 | |
| 20600 | Drain/Inj Joint/Bursa W/O Us | | | \$26.74 | |
| 20604 | Drain/Inj Joint/Bursa W/Us | | | \$40.61 | |
| 20605 | Drain/Inj Joint/Bursa W/O Us | | | \$28.13 | |
| 20606 | Drain/Inj Joint/Bursa W/Us | | | \$44.97 | |
| 20610 | Drain/Inj Joint/Bursa W/O Us | | | \$33.88 | |
| 20611 | Drain/Inj Joint/Bursa W/Us | | | \$51.51 | |
| 20612 | Aspirate/Inj Ganglion Cyst | | | \$34.07 | |
| 24640 | Treat Elbow Dislocation | | | \$75.87 | |
| 26010 | Drainage Of Finger Abscess | | | \$148.18 | |
| 26011 | Drainage Of Finger Abscess | | | \$218.90 | |
| 26341 | Manipulat Palm Cord Post Inj | | | \$55.67 | |
| 30300 | Remove Nasal Foreign Body | | | \$105.39 | |
| 30901 | Control Of Nosebleed | | | \$53.88 | |
| 36415 | Routine Venipuncture | | | \$2.70 | |
| 41010 | Incision Of Tongue Fold | | | \$117.08 | |
| 43760 | Change Gastrostomy Tube | | | \$274.17 | |
| 46083 | Incise External Hemorrhoid | | | \$99.45 | |
| 51701 | Insert Bladder Catheter | | | \$30.71 | |
| 51702 | Insert Temp Bladder Cath | | | \$39.42 | |
| 54050 | Destruction Penis Lesion(S) | | | \$74.29 | |
| 54056 | Cryosurgery Penis Lesion(S) | | | \$80.03 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|------------|------------------|
| 54150 | Circumcision W/Regionl Block | | | \$86.77 | |
| 54160 | Circumcision Neonate | | | \$125.60 | |
| 56501 | Destroy Vulva Lesions Sim | | | \$73.30 | |
| 56605 | Biopsy Of Vulva/Perineum | | | \$46.16 | |
| 56606 | Biopsy Of Vulva/Perineum | | | \$21.20 | |
| 57420 | Exam Of Vagina W/Scope | | | \$66.17 | |
| 57421 | Exam/Biopsy Of Vag W/Scope | | | \$88.75 | |
| 57452 | Exam Of Cervix W/Scope | | | \$61.21 | |
| 57454 | Bx/Curett Of Cervix W/Scope | | | \$85.78 | |
| 57455 | Biopsy Of Cervix W/Scope | | | \$80.03 | |
| 57456 | Endocerv Curettage W/Scope | | | \$75.48 | |
| 57460 | Bx Of Cervix W/Scope Leep | | | \$158.28 | |
| 57461 | Conz Of Cervix W/Scope Leep | | | \$178.88 | |
| 57500 | Biopsy Of Cervix | | | \$71.51 | |
| 57505 | Endocervical Curettage | | | \$57.25 | |
| 57511 | Cryocautery Of Cervix | | | \$81.22 | |
| 57520 | Conization Of Cervix | | | \$172.55 | |
| 57522 | Conization Of Cervix | | | \$147.58 | |
| 57800 | Dilation Of Cervical Canal | | | \$33.88 | |
| 58100 | Biopsy Of Uterus Lining | | | \$61.21 | |
| 58110 | Bx Done W/Colposcopy Add-On | | | \$26.94 | |
| 58120 | Dilation And Curettage | | | \$145.01 | |
| 58300 | Insert Intrauterine Device | | | \$40.81 | |
| 58301 | Remove Intrauterine Device | | | \$53.09 | |
| 58340 | Catheter For Hystero-graphy | | | \$66.56 | |
| 58555 | Hysteroscopy Dx Sep Proc | | | \$174.33 | |
| 58558 | Hysteroscopy Biopsy | | | \$226.63 | |
| 58562 | Hysteroscopy Remove Fb | | | \$234.35 | |
| 58563 | Hysteroscopy Ablation | | | \$931.27 | |
| 58565 | Hysteroscopy Sterilization | | | \$1,041.81 | |
| 58578 | Laparo Proc Uterus | | | M | |
| 58579 | Hysteroscope Procedure | | | M | |
| 59000 | Amniocentesis Diagnostic | | | \$71.32 | |
| 59020 | Fetal Contract Stress Test | | | \$40.21 | |
| 59020 | Fetal Contract Stress Test | 26 | | \$21.20 | |
| 59020 | Fetal Contract Stress Test | TC | | \$19.02 | |
| 59025 | Fetal Non-Stress Test | | | \$27.34 | |
| 59025 | Fetal Non-Stress Test | 26 | | \$17.04 | |
| 59025 | Fetal Non-Stress Test | TC | | \$10.30 | |
| 59160 | D & C After Delivery | | | \$116.09 | |
| 59425 | Antepartum Care Only | | | \$427.25 | |
| 59426 | Antepartum Care Only | | | \$763.38 | |
| 59430 | Care After Delivery | | | \$172.92 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|----------|------------------|
| 59812 | Treatment Of Miscarriage | | | \$181.26 | |
| 59820 | Care Of Miscarriage | | | \$215.73 | |
| 64450 | N Block Other Peripheral | | | \$44.97 | |
| 69000 | Drain External Ear Lesion | | | \$105.98 | |
| 69200 | Clear Outer Ear Canal | | | \$56.06 | |
| 69209 | Remove Impacted Ear Wax Uni | | | \$7.13 | |
| 69210 | Remove Impacted Ear Wax Uni | | | \$27.73 | |
| 70015 | Contrast X-Ray Of Brain | | | \$85.58 | |
| 70015 | Contrast X-Ray Of Brain | 26 | | \$35.06 | |
| 70015 | Contrast X-Ray Of Brain | TC | | \$50.52 | |
| 70030 | X-Ray Eye For Foreign Body | | | \$15.45 | |
| 70030 | X-Ray Eye For Foreign Body | 26 | | \$4.75 | |
| 70030 | X-Ray Eye For Foreign Body | TC | | \$10.70 | |
| 70100 | X-Ray Exam Of Jaw <4views | | | \$18.23 | |
| 70100 | X-Ray Exam Of Jaw <4views | 26 | | \$5.15 | |
| 70100 | X-Ray Exam Of Jaw <4views | TC | | \$13.07 | |
| 70110 | X-Ray Exam Of Jaw 4/> Views | | | \$21.00 | |
| 70110 | X-Ray Exam Of Jaw 4/> Views | 26 | | \$7.13 | |
| 70110 | X-Ray Exam Of Jaw 4/> Views | TC | | \$13.87 | |
| 70120 | X-Ray Exam Of Mastoids | | | \$18.82 | |
| 70120 | X-Ray Exam Of Mastoids | 26 | | \$5.15 | |
| 70120 | X-Ray Exam Of Mastoids | TC | | \$13.67 | |
| 70130 | X-Ray Exam Of Mastoids | | | \$30.31 | |
| 70130 | X-Ray Exam Of Mastoids | 26 | | \$9.71 | |
| 70130 | X-Ray Exam Of Mastoids | TC | | \$20.60 | |
| 70134 | X-Ray Exam Of Middle Ear | | | \$28.53 | |
| 70134 | X-Ray Exam Of Middle Ear | 26 | | \$9.91 | |
| 70134 | X-Ray Exam Of Middle Ear | TC | | \$18.62 | |
| 70140 | X-Ray Exam Of Facial Bones | | | \$16.44 | |
| 70140 | X-Ray Exam Of Facial Bones | 26 | | \$5.94 | |
| 70140 | X-Ray Exam Of Facial Bones | TC | | \$10.50 | |
| 70150 | X-Ray Exam Of Facial Bones | | | \$22.98 | |
| 70150 | X-Ray Exam Of Facial Bones | 26 | | \$7.53 | |
| 70150 | X-Ray Exam Of Facial Bones | TC | | \$15.45 | |
| 70160 | X-Ray Exam Of Nasal Bones | | | \$18.03 | |
| 70160 | X-Ray Exam Of Nasal Bones | 26 | | \$4.95 | |
| 70160 | X-Ray Exam Of Nasal Bones | TC | | \$13.07 | |
| 70170 | X-Ray Exam Of Tear Duct | | | \$30.28 | |
| 70170 | X-Ray Exam Of Tear Duct | 26 | | \$8.52 | |
| 70170 | X-Ray Exam Of Tear Duct | TC | | \$21.30 | |
| 70190 | X-Ray Exam Of Eye Sockets | | | \$19.81 | |
| 70190 | X-Ray Exam Of Eye Sockets | 26 | | \$6.34 | |
| 70190 | X-Ray Exam Of Eye Sockets | TC | | \$13.47 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 70200 | X-Ray Exam Of Eye Sockets | | | \$23.38 | |
| 70200 | X-Ray Exam Of Eye Sockets | 26 | | \$7.92 | |
| 70200 | X-Ray Exam Of Eye Sockets | TC | | \$15.45 | |
| 70210 | X-Ray Exam Of Sinuses | | | \$16.44 | |
| 70210 | X-Ray Exam Of Sinuses | 26 | | \$4.95 | |
| 70210 | X-Ray Exam Of Sinuses | TC | | \$11.49 | |
| 70220 | X-Ray Exam Of Sinuses | | | \$20.80 | |
| 70220 | X-Ray Exam Of Sinuses | 26 | | \$7.13 | |
| 70220 | X-Ray Exam Of Sinuses | TC | | \$13.67 | |
| 70240 | X-Ray Exam Pituitary Saddle | | | \$16.64 | |
| 70240 | X-Ray Exam Pituitary Saddle | 26 | | \$5.55 | |
| 70240 | X-Ray Exam Pituitary Saddle | TC | | \$11.09 | |
| 70250 | X-Ray Exam Of Skull | | | \$20.01 | |
| 70250 | X-Ray Exam Of Skull | 26 | | \$7.13 | |
| 70250 | X-Ray Exam Of Skull | TC | | \$12.88 | |
| 70260 | X-Ray Exam Of Skull | | | \$25.36 | |
| 70260 | X-Ray Exam Of Skull | 26 | | \$9.91 | |
| 70260 | X-Ray Exam Of Skull | TC | | \$15.45 | |
| 70300 | X-Ray Exam Of Teeth | | | \$8.32 | |
| 70300 | X-Ray Exam Of Teeth | 26 | | \$3.37 | |
| 70300 | X-Ray Exam Of Teeth | TC | | \$4.95 | |
| 70310 | X-Ray Exam Of Teeth | | | \$20.40 | |
| 70310 | X-Ray Exam Of Teeth | 26 | | \$4.56 | |
| 70310 | X-Ray Exam Of Teeth | TC | | \$15.85 | |
| 70320 | Full Mouth X-Ray Of Teeth | | | \$29.12 | |
| 70320 | Full Mouth X-Ray Of Teeth | 26 | | \$6.74 | |
| 70320 | Full Mouth X-Ray Of Teeth | TC | | \$22.39 | |
| 70328 | X-Ray Exam Of Jaw Joint | | | \$17.04 | |
| 70328 | X-Ray Exam Of Jaw Joint | 26 | | \$5.15 | |
| 70328 | X-Ray Exam Of Jaw Joint | TC | | \$11.89 | |
| 70330 | X-Ray Exam Of Jaw Joints | | | \$26.15 | |
| 70330 | X-Ray Exam Of Jaw Joints | 26 | | \$7.13 | |
| 70330 | X-Ray Exam Of Jaw Joints | TC | | \$19.02 | |
| 70355 | Panoramic X-Ray Of Jaws | | | \$11.49 | |
| 70355 | Panoramic X-Ray Of Jaws | 26 | | \$6.34 | |
| 70355 | Panoramic X-Ray Of Jaws | TC | | \$5.15 | |
| 70360 | X-Ray Exam Of Neck | | | \$15.65 | |
| 70360 | X-Ray Exam Of Neck | 26 | | \$4.75 | |
| 70360 | X-Ray Exam Of Neck | TC | | \$10.90 | |
| 70370 | Throat X-Ray & Fluoroscopy | | | \$43.78 | |
| 70370 | Throat X-Ray & Fluoroscopy | 26 | | \$9.11 | |
| 70370 | Throat X-Ray & Fluoroscopy | TC | | \$34.67 | |
| 70380 | X-Ray Exam Of Salivary Gland | | | \$20.01 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 70380 | X-Ray Exam Of Salivary Gland | 26 | | \$5.15 | |
| 70380 | X-Ray Exam Of Salivary Gland | TC | | \$14.86 | |
| 70390 | X-Ray Exam Of Salivary Duct | | | \$52.30 | |
| 70390 | X-Ray Exam Of Salivary Duct | 26 | | \$10.70 | |
| 70390 | X-Ray Exam Of Salivary Duct | TC | | \$41.60 | |
| 71010 | Chest X-Ray 1 View Frontal | | | \$12.48 | |
| 71010 | Chest X-Ray 1 View Frontal | 26 | | \$5.15 | |
| 71010 | Chest X-Ray 1 View Frontal | TC | | \$7.33 | |
| 71015 | Chest X-Ray Stereo Frontal | | | \$15.45 | |
| 71015 | Chest X-Ray Stereo Frontal | 26 | | \$6.14 | |
| 71015 | Chest X-Ray Stereo Frontal | TC | | \$9.31 | |
| 71020 | Chest X-Ray 2vw Frontal&Latl | | | \$15.45 | |
| 71020 | Chest X-Ray 2vw Frontal&Latl | 26 | | \$6.14 | |
| 71020 | Chest X-Ray 2vw Frontal&Latl | TC | | \$9.31 | |
| 71021 | Chest X-Ray Frnt Lat Lordotc | | | \$18.82 | |
| 71021 | Chest X-Ray Frnt Lat Lordotc | 26 | | \$7.73 | |
| 71021 | Chest X-Ray Frnt Lat Lordotc | TC | | \$11.09 | |
| 71022 | Chest X-Ray Frnt Lat Oblique | | | \$23.18 | |
| 71022 | Chest X-Ray Frnt Lat Oblique | 26 | | \$9.31 | |
| 71022 | Chest X-Ray Frnt Lat Oblique | TC | | \$13.87 | |
| 71023 | Chest X-Ray And Fluoroscopy | | | \$35.26 | |
| 71023 | Chest X-Ray And Fluoroscopy | 26 | | \$10.70 | |
| 71023 | Chest X-Ray And Fluoroscopy | TC | | \$24.56 | |
| 71030 | Chest X-Ray 4/> Views | | | \$23.18 | |
| 71030 | Chest X-Ray 4/> Views | 26 | | \$8.91 | |
| 71030 | Chest X-Ray 4/> Views | TC | | \$14.26 | |
| 71034 | Chest X-Ray&Fluoro 4/> Views | | | \$46.36 | |
| 71034 | Chest X-Ray&Fluoro 4/> Views | 26 | | \$13.27 | |
| 71034 | Chest X-Ray&Fluoro 4/> Views | TC | | \$33.08 | |
| 71035 | Chest X-Ray Special Views | | | \$18.23 | |
| 71035 | Chest X-Ray Special Views | 26 | | \$5.15 | |
| 71035 | Chest X-Ray Special Views | TC | | \$13.07 | |
| 71100 | X-Ray Exam Ribs Uni 2 Views | | | \$18.23 | |
| 71100 | X-Ray Exam Ribs Uni 2 Views | 26 | | \$6.34 | |
| 71100 | X-Ray Exam Ribs Uni 2 Views | TC | | \$11.89 | |
| 71101 | X-Ray Exam Unilat Ribs/Chest | | | \$20.21 | |
| 71101 | X-Ray Exam Unilat Ribs/Chest | 26 | | \$7.73 | |
| 71101 | X-Ray Exam Unilat Ribs/Chest | TC | | \$12.48 | |
| 71110 | X-Ray Exam Ribs Bil 3 Views | | | \$20.80 | |
| 71110 | X-Ray Exam Ribs Bil 3 Views | 26 | | \$7.73 | |
| 71110 | X-Ray Exam Ribs Bil 3 Views | TC | | \$13.07 | |
| 71111 | X-Ray Exam Ribs/Chest4/> Vws | | | \$26.55 | |
| 71111 | X-Ray Exam Ribs/Chest4/> Vws | 26 | | \$9.31 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 71111 | X-Ray Exam Ribs/Chest4/> Vws | TC | | \$17.23 | |
| 71120 | X-Ray Exam Breastbone 2/>Vws | | | \$16.44 | |
| 71120 | X-Ray Exam Breastbone 2/>Vws | 26 | | \$5.74 | |
| 71120 | X-Ray Exam Breastbone 2/>Vws | TC | | \$10.70 | |
| 71130 | X-Ray Strenoclavic Jt 3/>Vws | | | \$20.01 | |
| 71130 | X-Ray Strenoclavic Jt 3/>Vws | 26 | | \$6.34 | |
| 71130 | X-Ray Strenoclavic Jt 3/>Vws | TC | | \$13.67 | |
| 72020 | X-Ray Exam Of Spine 1 View | | | \$12.28 | |
| 72020 | X-Ray Exam Of Spine 1 View | 26 | | \$4.36 | |
| 72020 | X-Ray Exam Of Spine 1 View | TC | | \$7.92 | |
| 72040 | X-Ray Exam Neck Spine 2-3 Vw | | | \$18.42 | |
| 72040 | X-Ray Exam Neck Spine 2-3 Vw | 26 | | \$6.34 | |
| 72040 | X-Ray Exam Neck Spine 2-3 Vw | TC | | \$12.08 | |
| 72050 | X-Ray Exam Neck Spine 4/5vws | | | \$24.96 | |
| 72050 | X-Ray Exam Neck Spine 4/5vws | 26 | | \$8.91 | |
| 72050 | X-Ray Exam Neck Spine 4/5vws | TC | | \$16.05 | |
| 72052 | X-Ray Exam Neck Spine 6/>Vws | | | \$31.30 | |
| 72052 | X-Ray Exam Neck Spine 6/>Vws | 26 | | \$10.30 | |
| 72052 | X-Ray Exam Neck Spine 6/>Vws | TC | | \$21.00 | |
| 72070 | X-Ray Exam Thorac Spine 2vws | | | \$18.82 | |
| 72070 | X-Ray Exam Thorac Spine 2vws | 26 | | \$6.34 | |
| 72070 | X-Ray Exam Thorac Spine 2vws | TC | | \$12.48 | |
| 72072 | X-Ray Exam Thorac Spine 3vws | | | \$19.22 | |
| 72072 | X-Ray Exam Thorac Spine 3vws | 26 | | \$6.14 | |
| 72072 | X-Ray Exam Thorac Spine 3vws | TC | | \$13.07 | |
| 72074 | X-Ray Exam Thorac Spine4/>Vw | | | \$21.79 | |
| 72074 | X-Ray Exam Thorac Spine4/>Vw | 26 | | \$6.14 | |
| 72074 | X-Ray Exam Thorac Spine4/>Vw | TC | | \$15.65 | |
| 72080 | X-Ray Exam Thoracolmb 2/> Vw | | | \$17.04 | |
| 72080 | X-Ray Exam Thoracolmb 2/> Vw | 26 | | \$6.14 | |
| 72080 | X-Ray Exam Thoracolmb 2/> Vw | TC | | \$10.90 | |
| 72081 | X-Ray Exam Entire Spi 1 Vw | | | \$21.59 | |
| 72081 | X-Ray Exam Entire Spi 1 Vw | 26 | | \$7.53 | |
| 72081 | X-Ray Exam Entire Spi 1 Vw | TC | | \$14.07 | |
| 72082 | X-Ray Exam Entire Spi 2/3 Vw | | | \$34.67 | |
| 72082 | X-Ray Exam Entire Spi 2/3 Vw | 26 | | \$9.11 | |
| 72082 | X-Ray Exam Entire Spi 2/3 Vw | TC | | \$25.55 | |
| 72083 | X-Ray Exam Entire Spi 4/5 Vw | | | \$37.64 | |
| 72083 | X-Ray Exam Entire Spi 4/5 Vw | 26 | | \$9.91 | |
| 72083 | X-Ray Exam Entire Spi 4/5 Vw | TC | | \$27.73 | |
| 72084 | X-Ray Exam Entire Spi 6/> Vw | | | \$44.97 | |
| 72084 | X-Ray Exam Entire Spi 6/> Vw | 26 | | \$11.49 | |
| 72084 | X-Ray Exam Entire Spi 6/> Vw | TC | | \$33.48 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-------------------------------|----------|-----------|---------|------------------|
| 72100 | X-Ray Exam L-S Spine 2/3 Vws | | | \$19.41 | |
| 72100 | X-Ray Exam L-S Spine 2/3 Vws | 26 | | \$6.34 | |
| 72100 | X-Ray Exam L-S Spine 2/3 Vws | TC | | \$13.07 | |
| 72110 | X-Ray Exam L-2 Spine 4/>Vws | | | \$27.14 | |
| 72110 | X-Ray Exam L-2 Spine 4/>Vws | 26 | | \$8.91 | |
| 72110 | X-Ray Exam L-2 Spine 4/>Vws | TC | | \$18.23 | |
| 72114 | X-Ray Exam L-S Spine Bending | | | \$34.67 | |
| 72114 | X-Ray Exam L-S Spine Bending | 26 | | \$9.31 | |
| 72114 | X-Ray Exam L-S Spine Bending | TC | | \$25.36 | |
| 72120 | X-Ray Bend Only L-S Spine | | | \$22.39 | |
| 72120 | X-Ray Bend Only L-S Spine | 26 | | \$6.34 | |
| 72120 | X-Ray Bend Only L-S Spine | TC | | \$16.05 | |
| 72170 | X-Ray Exam Of Pelvis | | | \$17.63 | |
| 72170 | X-Ray Exam Of Pelvis | 26 | | \$4.95 | |
| 72170 | X-Ray Exam Of Pelvis | TC | | \$12.68 | |
| 72190 | X-Ray Exam Of Pelvis | | | \$21.20 | |
| 72190 | X-Ray Exam Of Pelvis | 26 | | \$6.14 | |
| 72190 | X-Ray Exam Of Pelvis | TC | | \$15.06 | |
| 72200 | X-Ray Exam Si Joints | | | \$15.85 | |
| 72200 | X-Ray Exam Si Joints | 26 | | \$4.95 | |
| 72200 | X-Ray Exam Si Joints | TC | | \$10.90 | |
| 72202 | X-Ray Exam Si Joints 3/> Vws | | | \$18.23 | |
| 72202 | X-Ray Exam Si Joints 3/> Vws | 26 | | \$5.35 | |
| 72202 | X-Ray Exam Si Joints 3/> Vws | TC | | \$12.88 | |
| 72220 | X-Ray Exam Sacrum Tailbone | | | \$15.65 | |
| 72220 | X-Ray Exam Sacrum Tailbone | 26 | | \$4.95 | |
| 72220 | X-Ray Exam Sacrum Tailbone | TC | | \$10.70 | |
| 72240 | Myelography Neck Spine | | | \$54.48 | |
| 72240 | Myelography Neck Spine | 26 | | \$25.75 | |
| 72240 | Myelography Neck Spine | TC | | \$28.72 | |
| 72255 | Myelography Thoracic Spine | | | \$54.28 | |
| 72255 | Myelography Thoracic Spine | 26 | | \$26.15 | |
| 72255 | Myelography Thoracic Spine | TC | | \$28.13 | |
| 72265 | Myelography L-S Spine | | | \$51.31 | |
| 72265 | Myelography L-S Spine | 26 | | \$23.57 | |
| 72265 | Myelography L-S Spine | TC | | \$27.73 | |
| 72270 | Myelography 2/> Spine Regions | | | \$70.92 | |
| 72270 | Myelography 2/> Spine Regions | 26 | | \$37.84 | |
| 72270 | Myelography 2/> Spine Regions | TC | | \$33.08 | |
| 72275 | Epidurography | | | \$64.38 | |
| 72275 | Epidurography | 26 | | \$22.19 | |
| 72275 | Epidurography | TC | | \$42.20 | |
| 72285 | Discography Cerv/Thor Spine | | | \$63.59 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 72285 | Discography Cerv/Thor Spine | 26 | | \$34.27 | |
| 72285 | Discography Cerv/Thor Spine | TC | | \$29.32 | |
| 72295 | X-Ray Of Lower Spine Disk | | | \$55.07 | |
| 72295 | X-Ray Of Lower Spine Disk | 26 | | \$24.56 | |
| 72295 | X-Ray Of Lower Spine Disk | TC | | \$30.51 | |
| 73000 | X-Ray Exam Of Collar Bone | | | \$15.25 | |
| 73000 | X-Ray Exam Of Collar Bone | 26 | | \$4.75 | |
| 73000 | X-Ray Exam Of Collar Bone | TC | | \$10.50 | |
| 73010 | X-Ray Exam Of Shoulder Blade | | | \$16.64 | |
| 73010 | X-Ray Exam Of Shoulder Blade | 26 | | \$5.15 | |
| 73010 | X-Ray Exam Of Shoulder Blade | TC | | \$11.49 | |
| 73020 | X-Ray Exam Of Shoulder | | | \$12.68 | |
| 73020 | X-Ray Exam Of Shoulder | 26 | | \$4.36 | |
| 73020 | X-Ray Exam Of Shoulder | TC | | \$8.32 | |
| 73030 | X-Ray Exam Of Shoulder | | | \$16.05 | |
| 73030 | X-Ray Exam Of Shoulder | 26 | | \$5.35 | |
| 73030 | X-Ray Exam Of Shoulder | TC | | \$10.70 | |
| 73040 | Contrast X-Ray Of Shoulder | | | \$55.67 | |
| 73040 | Contrast X-Ray Of Shoulder | 26 | | \$15.45 | |
| 73040 | Contrast X-Ray Of Shoulder | TC | | \$40.21 | |
| 73050 | X-Ray Exam Of Shoulders | | | \$19.61 | |
| 73050 | X-Ray Exam Of Shoulders | 26 | | \$5.94 | |
| 73050 | X-Ray Exam Of Shoulders | TC | | \$13.67 | |
| 73060 | X-Ray Exam Of Humerus | | | \$16.05 | |
| 73060 | X-Ray Exam Of Humerus | 26 | | \$4.75 | |
| 73060 | X-Ray Exam Of Humerus | TC | | \$11.29 | |
| 73070 | X-Ray Exam Of Elbow | | | \$15.06 | |
| 73070 | X-Ray Exam Of Elbow | 26 | | \$4.56 | |
| 73070 | X-Ray Exam Of Elbow | TC | | \$10.50 | |
| 73080 | X-Ray Exam Of Elbow | | | \$17.23 | |
| 73080 | X-Ray Exam Of Elbow | 26 | | \$4.95 | |
| 73080 | X-Ray Exam Of Elbow | TC | | \$12.28 | |
| 73085 | Contrast X-Ray Of Elbow | | | \$54.08 | |
| 73085 | Contrast X-Ray Of Elbow | 26 | | \$16.24 | |
| 73085 | Contrast X-Ray Of Elbow | TC | | \$37.84 | |
| 73090 | X-Ray Exam Of Forearm | | | \$14.26 | |
| 73090 | X-Ray Exam Of Forearm | 26 | | \$4.75 | |
| 73090 | X-Ray Exam Of Forearm | TC | | \$9.51 | |
| 73092 | X-Ray Exam Of Arm Infant | | | \$15.06 | |
| 73092 | X-Ray Exam Of Arm Infant | 26 | | \$4.56 | |
| 73092 | X-Ray Exam Of Arm Infant | TC | | \$10.50 | |
| 73100 | X-Ray Exam Of Wrist | | | \$16.05 | |
| 73100 | X-Ray Exam Of Wrist | 26 | | \$4.75 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 73100 | X-Ray Exam Of Wrist | TC | | \$11.29 | |
| 73110 | X-Ray Exam Of Wrist | | | \$19.61 | |
| 73110 | X-Ray Exam Of Wrist | 26 | | \$4.95 | |
| 73110 | X-Ray Exam Of Wrist | TC | | \$14.66 | |
| 73115 | Contrast X-Ray Of Wrist | | | \$59.43 | |
| 73115 | Contrast X-Ray Of Wrist | 26 | | \$16.05 | |
| 73115 | Contrast X-Ray Of Wrist | TC | | \$43.38 | |
| 73120 | X-Ray Exam Of Hand | | | \$14.46 | |
| 73120 | X-Ray Exam Of Hand | 26 | | \$4.75 | |
| 73120 | X-Ray Exam Of Hand | TC | | \$9.71 | |
| 73130 | X-Ray Exam Of Hand | | | \$17.04 | |
| 73130 | X-Ray Exam Of Hand | 26 | | \$4.95 | |
| 73130 | X-Ray Exam Of Hand | TC | | \$12.08 | |
| 73140 | X-Ray Exam Of Finger(S) | | | \$17.43 | |
| 73140 | X-Ray Exam Of Finger(S) | 26 | | \$3.96 | |
| 73140 | X-Ray Exam Of Finger(S) | TC | | \$13.47 | |
| 73501 | X-Ray Exam Hip Uni 1 View | | | \$16.44 | |
| 73501 | X-Ray Exam Hip Uni 1 View | 26 | | \$5.35 | |
| 73501 | X-Ray Exam Hip Uni 1 View | TC | | \$11.09 | |
| 73502 | X-Ray Exam Hip Uni 2-3 Views | | | \$22.98 | |
| 73502 | X-Ray Exam Hip Uni 2-3 Views | 26 | | \$6.34 | |
| 73502 | X-Ray Exam Hip Uni 2-3 Views | TC | | \$16.64 | |
| 73503 | X-Ray Exam Hip Uni 4/> Views | | | \$28.72 | |
| 73503 | X-Ray Exam Hip Uni 4/> Views | 26 | | \$8.12 | |
| 73503 | X-Ray Exam Hip Uni 4/> Views | TC | | \$20.60 | |
| 73521 | X-Ray Exam Hips Bi 2 Views | | | \$21.99 | |
| 73521 | X-Ray Exam Hips Bi 2 Views | 26 | | \$6.54 | |
| 73521 | X-Ray Exam Hips Bi 2 Views | TC | | \$15.45 | |
| 73522 | X-Ray Exam Hips Bi 3-4 Views | | | \$27.14 | |
| 73522 | X-Ray Exam Hips Bi 3-4 Views | 26 | | \$8.52 | |
| 73522 | X-Ray Exam Hips Bi 3-4 Views | TC | | \$18.62 | |
| 73523 | X-Ray Exam Hips Bi 5/> Views | | | \$31.50 | |
| 73523 | X-Ray Exam Hips Bi 5/> Views | 26 | | \$9.11 | |
| 73523 | X-Ray Exam Hips Bi 5/> Views | TC | | \$22.39 | |
| 73525 | Contrast X-Ray Of Hip | | | \$56.46 | |
| 73525 | Contrast X-Ray Of Hip | 26 | | \$16.24 | |
| 73525 | Contrast X-Ray Of Hip | TC | | \$40.21 | |
| 73551 | X-Ray Exam Of Femur 1 | | | \$15.45 | |
| 73551 | X-Ray Exam Of Femur 1 | 26 | | \$4.75 | |
| 73551 | X-Ray Exam Of Femur 1 | TC | | \$10.70 | |
| 73552 | X-Ray Exam Of Femur 2/> | | | \$18.03 | |
| 73552 | X-Ray Exam Of Femur 2/> | 26 | | \$5.35 | |
| 73552 | X-Ray Exam Of Femur 2/> | TC | | \$12.68 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 73560 | X-Ray Exam Of Knee 1 Or 2 | | | \$17.23 | |
| 73560 | X-Ray Exam Of Knee 1 Or 2 | 26 | | \$4.75 | |
| 73560 | X-Ray Exam Of Knee 1 Or 2 | TC | | \$12.48 | |
| 73562 | X-Ray Exam Of Knee 3 | | | \$19.81 | |
| 73562 | X-Ray Exam Of Knee 3 | 26 | | \$5.35 | |
| 73562 | X-Ray Exam Of Knee 3 | TC | | \$14.46 | |
| 73564 | X-Ray Exam Knee 4 Or More | | | \$21.79 | |
| 73564 | X-Ray Exam Knee 4 Or More | 26 | | \$6.34 | |
| 73564 | X-Ray Exam Knee 4 Or More | TC | | \$15.45 | |
| 73565 | X-Ray Exam Of Knees | | | \$19.81 | |
| 73565 | X-Ray Exam Of Knees | 26 | | \$4.95 | |
| 73565 | X-Ray Exam Of Knees | TC | | \$14.86 | |
| 73580 | Contrast X-Ray Of Knee Joint | | | \$64.18 | |
| 73580 | Contrast X-Ray Of Knee Joint | 26 | | \$16.05 | |
| 73580 | Contrast X-Ray Of Knee Joint | TC | | \$48.14 | |
| 73590 | X-Ray Exam Of Lower Leg | | | \$15.85 | |
| 73590 | X-Ray Exam Of Lower Leg | 26 | | \$4.75 | |
| 73590 | X-Ray Exam Of Lower Leg | TC | | \$11.09 | |
| 73592 | X-Ray Exam Of Leg Infant | | | \$15.45 | |
| 73592 | X-Ray Exam Of Leg Infant | 26 | | \$4.56 | |
| 73592 | X-Ray Exam Of Leg Infant | TC | | \$10.90 | |
| 73600 | X-Ray Exam Of Ankle | | | \$16.64 | |
| 73600 | X-Ray Exam Of Ankle | 26 | | \$4.75 | |
| 73600 | X-Ray Exam Of Ankle | TC | | \$11.89 | |
| 73610 | X-Ray Exam Of Ankle | | | \$17.23 | |
| 73610 | X-Ray Exam Of Ankle | 26 | | \$4.95 | |
| 73610 | X-Ray Exam Of Ankle | TC | | \$12.28 | |
| 73615 | Contrast X-Ray Of Ankle | | | \$58.24 | |
| 73615 | Contrast X-Ray Of Ankle | 26 | | \$16.24 | |
| 73615 | Contrast X-Ray Of Ankle | TC | | \$42.00 | |
| 73620 | X-Ray Exam Of Foot | | | \$14.46 | |
| 73620 | X-Ray Exam Of Foot | 26 | | \$4.36 | |
| 73620 | X-Ray Exam Of Foot | TC | | \$10.10 | |
| 73630 | X-Ray Exam Of Foot | | | \$16.05 | |
| 73630 | X-Ray Exam Of Foot | 26 | | \$4.75 | |
| 73630 | X-Ray Exam Of Foot | TC | | \$11.29 | |
| 73650 | X-Ray Exam Of Heel | | | \$15.06 | |
| 73650 | X-Ray Exam Of Heel | 26 | | \$4.56 | |
| 73650 | X-Ray Exam Of Heel | TC | | \$10.50 | |
| 73660 | X-Ray Exam Of Toe(S) | | | \$15.65 | |
| 73660 | X-Ray Exam Of Toe(S) | 26 | | \$3.76 | |
| 73660 | X-Ray Exam Of Toe(S) | TC | | \$11.89 | |
| 74000 | X-Ray Exam Of Abdomen | | | \$13.07 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|---------|------------------|
| 74000 | X-Ray Exam Of Abdomen | 26 | | \$5.15 | |
| 74000 | X-Ray Exam Of Abdomen | TC | | \$7.92 | |
| 74010 | X-Ray Exam Of Abdomen | | | \$19.61 | |
| 74010 | X-Ray Exam Of Abdomen | 26 | | \$6.54 | |
| 74010 | X-Ray Exam Of Abdomen | TC | | \$13.07 | |
| 74020 | X-Ray Exam Of Abdomen | | | \$20.80 | |
| 74020 | X-Ray Exam Of Abdomen | 26 | | \$7.73 | |
| 74020 | X-Ray Exam Of Abdomen | TC | | \$13.07 | |
| 74022 | X-Ray Exam Series Abdomen | | | \$24.76 | |
| 74022 | X-Ray Exam Series Abdomen | 26 | | \$9.11 | |
| 74022 | X-Ray Exam Series Abdomen | TC | | \$15.65 | |
| 74190 | X-Ray Exam Of Peritoneum | | | \$43.45 | |
| 74190 | X-Ray Exam Of Peritoneum | 26 | | \$13.27 | |
| 74190 | X-Ray Exam Of Peritoneum | TC | | \$28.95 | |
| 74400 | Contrst X-Ray Urinary Tract | | | \$61.21 | |
| 74400 | Contrst X-Ray Urinary Tract | 26 | | \$13.87 | |
| 74400 | Contrst X-Ray Urinary Tract | TC | | \$47.35 | |
| 74410 | Contrst X-Ray Urinary Tract | | | \$60.22 | |
| 74410 | Contrst X-Ray Urinary Tract | 26 | | \$13.67 | |
| 74410 | Contrst X-Ray Urinary Tract | TC | | \$46.55 | |
| 74415 | Contrst X-Ray Urinary Tract | | | \$76.07 | |
| 74415 | Contrst X-Ray Urinary Tract | 26 | | \$13.87 | |
| 74415 | Contrst X-Ray Urinary Tract | TC | | \$62.20 | |
| 74420 | Contrst X-Ray Urinary Tract | | | \$69.14 | |
| 74420 | Contrst X-Ray Urinary Tract | 26 | | \$9.91 | |
| 74420 | Contrst X-Ray Urinary Tract | TC | | \$58.09 | |
| 74425 | Contrst X-Ray Urinary Tract | | | \$39.99 | |
| 74425 | Contrst X-Ray Urinary Tract | 26 | | \$9.91 | |
| 74425 | Contrst X-Ray Urinary Tract | TC | | \$28.95 | |
| 74430 | Contrast X-Ray Bladder | | | \$21.00 | |
| 74430 | Contrast X-Ray Bladder | 26 | | \$9.11 | |
| 74430 | Contrast X-Ray Bladder | TC | | \$11.89 | |
| 74440 | X-Ray Male Genital Tract | | | \$45.17 | |
| 74440 | X-Ray Male Genital Tract | 26 | | \$10.30 | |
| 74440 | X-Ray Male Genital Tract | TC | | \$34.87 | |
| 74445 | X-Ray Exam Of Penis | | | \$59.96 | |
| 74445 | X-Ray Exam Of Penis | 26 | | \$30.51 | |
| 74445 | X-Ray Exam Of Penis | TC | | \$24.94 | |
| 74450 | X-Ray Urethra/Bladder | | | \$42.51 | |
| 74450 | X-Ray Urethra/Bladder | 26 | | \$9.31 | |
| 74450 | X-Ray Urethra/Bladder | TC | | \$32.33 | |
| 74455 | X-Ray Urethra/Bladder | | | \$45.36 | |
| 74455 | X-Ray Urethra/Bladder | 26 | | \$9.31 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 74455 | X-Ray Urethra/Bladder | TC | | \$36.05 | |
| 74470 | X-Ray Exam Of Kidney Lesion | | | \$43.96 | |
| 74470 | X-Ray Exam Of Kidney Lesion | 26 | | \$14.86 | |
| 74470 | X-Ray Exam Of Kidney Lesion | TC | | \$27.74 | |
| 74485 | X-Ray Guide Gu Dilation | | | \$51.31 | |
| 74485 | X-Ray Guide Gu Dilation | 26 | | \$14.66 | |
| 74485 | X-Ray Guide Gu Dilation | TC | | \$36.65 | |
| 74710 | X-Ray Measurement Of Pelvis | | | \$20.40 | |
| 74710 | X-Ray Measurement Of Pelvis | 26 | | \$9.71 | |
| 74710 | X-Ray Measurement Of Pelvis | TC | | \$10.70 | |
| 74712 | Mri Fetal Sngl/1st Gestation | | | \$268.43 | |
| 74712 | Mri Fetal Sngl/1st Gestation | 26 | | \$84.98 | |
| 74712 | Mri Fetal Sngl/1st Gestation | TC | | \$183.44 | |
| 74713 | Mri Fetal Ea Addl Gestation | | | \$129.16 | |
| 74713 | Mri Fetal Ea Addl Gestation | 26 | | \$50.52 | |
| 74713 | Mri Fetal Ea Addl Gestation | TC | | \$78.65 | |
| 74740 | X-Ray Female Genital Tract | | | \$41.60 | |
| 74740 | X-Ray Female Genital Tract | 26 | | \$10.70 | |
| 74740 | X-Ray Female Genital Tract | TC | | \$30.90 | |
| 74742 | X-Ray Fallopian Tube | | | \$40.14 | |
| 74742 | X-Ray Fallopian Tube | 26 | | \$16.64 | |
| 74742 | X-Ray Fallopian Tube | TC | | \$29.41 | |
| 74775 | X-Ray Exam Of Perineum | | | \$51.26 | |
| 74775 | X-Ray Exam Of Perineum | 26 | | \$17.63 | |
| 74775 | X-Ray Exam Of Perineum | TC | | \$32.33 | |
| 75600 | Contrast Exam Thoracic Aorta | | | \$110.34 | |
| 75600 | Contrast Exam Thoracic Aorta | 26 | | \$13.67 | |
| 75600 | Contrast Exam Thoracic Aorta | TC | | \$96.67 | |
| 75605 | Contrast Exam Thoracic Aorta | | | \$77.66 | |
| 75605 | Contrast Exam Thoracic Aorta | 26 | | \$31.50 | |
| 75605 | Contrast Exam Thoracic Aorta | TC | | \$46.16 | |
| 75625 | Contrast Exam Abdominl Aorta | | | \$77.46 | |
| 75625 | Contrast Exam Abdominl Aorta | 26 | | \$31.50 | |
| 75625 | Contrast Exam Abdominl Aorta | TC | | \$45.96 | |
| 75630 | X-Ray Aorta Leg Arteries | | | \$95.68 | |
| 75630 | X-Ray Aorta Leg Arteries | 26 | | \$49.72 | |
| 75630 | X-Ray Aorta Leg Arteries | TC | | \$45.96 | |
| 75658 | Artery X-Rays Arm | | | \$93.70 | |
| 75658 | Artery X-Rays Arm | 26 | | \$36.05 | |
| 75658 | Artery X-Rays Arm | TC | | \$57.65 | |
| 75705 | Artery X-Rays Spine | | | \$136.69 | |
| 75705 | Artery X-Rays Spine | 26 | | \$64.58 | |
| 75705 | Artery X-Rays Spine | TC | | \$72.11 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 75710 | Artery X-Rays Arm/Leg | | | \$91.72 | |
| 75710 | Artery X-Rays Arm/Leg | 26 | | \$31.89 | |
| 75710 | Artery X-Rays Arm/Leg | TC | | \$59.83 | |
| 75716 | Artery X-Rays Arms/Legs | | | \$105.19 | |
| 75716 | Artery X-Rays Arms/Legs | 26 | | \$36.45 | |
| 75716 | Artery X-Rays Arms/Legs | TC | | \$68.74 | |
| 75726 | Artery X-Rays Abdomen | | | \$83.80 | |
| 75726 | Artery X-Rays Abdomen | 26 | | \$31.30 | |
| 75726 | Artery X-Rays Abdomen | TC | | \$52.50 | |
| 75731 | Artery X-Rays Adrenal Gland | | | \$96.47 | |
| 75731 | Artery X-Rays Adrenal Gland | 26 | | \$32.29 | |
| 75731 | Artery X-Rays Adrenal Gland | TC | | \$64.18 | |
| 75733 | Artery X-Rays Adrenals | | | \$103.01 | |
| 75733 | Artery X-Rays Adrenals | 26 | | \$35.86 | |
| 75733 | Artery X-Rays Adrenals | TC | | \$67.16 | |
| 75736 | Artery X-Rays Pelvis | | | \$90.14 | |
| 75736 | Artery X-Rays Pelvis | 26 | | \$31.30 | |
| 75736 | Artery X-Rays Pelvis | TC | | \$58.84 | |
| 75741 | Artery X-Rays Lung | | | \$84.79 | |
| 75741 | Artery X-Rays Lung | 26 | | \$35.86 | |
| 75741 | Artery X-Rays Lung | TC | | \$48.93 | |
| 75743 | Artery X-Rays Lungs | | | \$95.09 | |
| 75743 | Artery X-Rays Lungs | 26 | | \$45.56 | |
| 75743 | Artery X-Rays Lungs | TC | | \$49.53 | |
| 75746 | Artery X-Rays Lung | | | \$85.18 | |
| 75746 | Artery X-Rays Lung | 26 | | \$31.70 | |
| 75746 | Artery X-Rays Lung | TC | | \$53.49 | |
| 75756 | Artery X-Rays Chest | | | \$93.70 | |
| 75756 | Artery X-Rays Chest | 26 | | \$31.70 | |
| 75756 | Artery X-Rays Chest | TC | | \$62.01 | |
| 75774 | Artery X-Ray Each Vessel | | | \$49.13 | |
| 75774 | Artery X-Ray Each Vessel | 26 | | \$9.91 | |
| 75774 | Artery X-Ray Each Vessel | TC | | \$39.22 | |
| 75801 | Lymph Vessel X-Ray Arm/Leg | | | \$121.59 | |
| 75801 | Lymph Vessel X-Ray Arm/Leg | 26 | | \$25.16 | |
| 75801 | Lymph Vessel X-Ray Arm/Leg | TC | | \$97.10 | |
| 75803 | Lymph Vessel X-Ray Arms/Legs | | | \$155.17 | |
| 75803 | Lymph Vessel X-Ray Arms/Legs | 26 | | \$33.08 | |
| 75803 | Lymph Vessel X-Ray Arms/Legs | TC | | \$119.98 | |
| 75805 | Lymph Vessel X-Ray Trunk | | | \$160.36 | |
| 75805 | Lymph Vessel X-Ray Trunk | 26 | | \$22.98 | |
| 75805 | Lymph Vessel X-Ray Trunk | TC | | \$135.33 | |
| 75807 | Lymph Vessel X-Ray Trunk | | | \$240.53 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|---------------------------|----------|-----------|----------|------------------|
| 75807 | Lymph Vessel X-Ray Trunk | 26 | | \$33.28 | |
| 75807 | Lymph Vessel X-Ray Trunk | TC | | \$202.99 | |
| 75809 | Nonvascular Shunt X-Ray | | | \$55.47 | |
| 75809 | Nonvascular Shunt X-Ray | 26 | | \$13.47 | |
| 75809 | Nonvascular Shunt X-Ray | TC | | \$42.00 | |
| 75810 | Vein X-Ray Spleen/Liver | | | \$312.79 | |
| 75810 | Vein X-Ray Spleen/Liver | 26 | | \$32.49 | |
| 75810 | Vein X-Ray Spleen/Liver | TC | | \$278.45 | |
| 75820 | Vein X-Ray Arm/Leg | | | \$64.58 | |
| 75820 | Vein X-Ray Arm/Leg | 26 | | \$19.61 | |
| 75820 | Vein X-Ray Arm/Leg | TC | | \$44.97 | |
| 75822 | Vein X-Ray Arms/Legs | | | \$77.06 | |
| 75822 | Vein X-Ray Arms/Legs | 26 | | \$29.52 | |
| 75822 | Vein X-Ray Arms/Legs | TC | | \$47.54 | |
| 75825 | Vein X-Ray Trunk | | | \$76.47 | |
| 75825 | Vein X-Ray Trunk | 26 | | \$31.89 | |
| 75825 | Vein X-Ray Trunk | TC | | \$44.57 | |
| 75827 | Vein X-Ray Chest | | | \$77.85 | |
| 75827 | Vein X-Ray Chest | 26 | | \$31.89 | |
| 75827 | Vein X-Ray Chest | TC | | \$45.96 | |
| 75831 | Vein X-Ray Kidney | | | \$79.04 | |
| 75831 | Vein X-Ray Kidney | 26 | | \$31.30 | |
| 75831 | Vein X-Ray Kidney | TC | | \$47.74 | |
| 75833 | Vein X-Ray Kidneys | | | \$92.31 | |
| 75833 | Vein X-Ray Kidneys | 26 | | \$40.81 | |
| 75833 | Vein X-Ray Kidneys | TC | | \$51.51 | |
| 75840 | Vein X-Ray Adrenal Gland | | | \$83.20 | |
| 75840 | Vein X-Ray Adrenal Gland | 26 | | \$32.29 | |
| 75840 | Vein X-Ray Adrenal Gland | TC | | \$50.91 | |
| 75842 | Vein X-Ray Adrenal Glands | | | \$101.03 | |
| 75842 | Vein X-Ray Adrenal Glands | 26 | | \$42.00 | |
| 75842 | Vein X-Ray Adrenal Glands | TC | | \$59.03 | |
| 75860 | Vein X-Ray Neck | | | \$80.23 | |
| 75860 | Vein X-Ray Neck | 26 | | \$31.50 | |
| 75860 | Vein X-Ray Neck | TC | | \$48.73 | |
| 75870 | Vein X-Ray Skull | | | \$82.81 | |
| 75870 | Vein X-Ray Skull | 26 | | \$32.29 | |
| 75870 | Vein X-Ray Skull | TC | | \$50.52 | |
| 75872 | Vein X-Ray Skull Epidural | | | \$78.65 | |
| 75872 | Vein X-Ray Skull Epidural | 26 | | \$30.11 | |
| 75872 | Vein X-Ray Skull Epidural | TC | | \$48.53 | |
| 75880 | Vein X-Ray Eye Socket | | | \$79.83 | |
| 75880 | Vein X-Ray Eye Socket | 26 | | \$20.40 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 75880 | Vein X-Ray Eye Socket | TC | | \$59.43 | |
| 75885 | Vein X-Ray Liver W/Hemodynam | | | \$88.75 | |
| 75885 | Vein X-Ray Liver W/Hemodynam | 26 | | \$39.22 | |
| 75885 | Vein X-Ray Liver W/Hemodynam | TC | | \$49.53 | |
| 75887 | Vein X-Ray Liver W/O Hemodyn | | | \$89.34 | |
| 75887 | Vein X-Ray Liver W/O Hemodyn | 26 | | \$39.42 | |
| 75887 | Vein X-Ray Liver W/O Hemodyn | TC | | \$49.92 | |
| 75889 | Vein X-Ray Liver W/Hemodynam | | | \$80.82 | |
| 75889 | Vein X-Ray Liver W/Hemodynam | 26 | | \$31.10 | |
| 75889 | Vein X-Ray Liver W/Hemodynam | TC | | \$49.72 | |
| 75891 | Vein X-Ray Liver | | | \$81.42 | |
| 75891 | Vein X-Ray Liver | 26 | | \$31.50 | |
| 75891 | Vein X-Ray Liver | TC | | \$49.92 | |
| 75893 | Venous Sampling By Catheter | | | \$66.36 | |
| 75893 | Venous Sampling By Catheter | 26 | | \$15.25 | |
| 75893 | Venous Sampling By Catheter | TC | | \$51.11 | |
| 75894 | X-Rays Transcath Therapy | | | \$574.26 | |
| 75894 | X-Rays Transcath Therapy | 26 | | \$37.44 | |
| 75894 | X-Rays Transcath Therapy | TC | | \$533.97 | |
| 75898 | Follow-Up Angiography | | | \$73.23 | |
| 75898 | Follow-Up Angiography | 26 | | \$47.54 | |
| 75898 | Follow-Up Angiography | TC | | \$23.33 | |
| 75901 | Remove Cva Device Obstruct | | | \$99.05 | |
| 75901 | Remove Cva Device Obstruct | 26 | | \$13.47 | |
| 75901 | Remove Cva Device Obstruct | TC | | \$85.58 | |
| 75902 | Remove Cva Lumen Obstruct | | | \$40.21 | |
| 75902 | Remove Cva Lumen Obstruct | 26 | | \$10.70 | |
| 75902 | Remove Cva Lumen Obstruct | TC | | \$29.52 | |
| 76010 | X-Ray Nose To Rectum | | | \$14.46 | |
| 76010 | X-Ray Nose To Rectum | 26 | | \$5.15 | |
| 76010 | X-Ray Nose To Rectum | TC | | \$9.31 | |
| 76080 | X-Ray Exam Of Fistula | | | \$30.90 | |
| 76080 | X-Ray Exam Of Fistula | 26 | | \$14.86 | |
| 76080 | X-Ray Exam Of Fistula | TC | | \$16.05 | |
| 76098 | X-Ray Exam Breast Specimen | | | \$9.31 | |
| 76098 | X-Ray Exam Breast Specimen | 26 | | \$4.56 | |
| 76098 | X-Ray Exam Breast Specimen | TC | | \$4.75 | |
| 76100 | X-Ray Exam Of Body Section | | | \$51.51 | |
| 76100 | X-Ray Exam Of Body Section | 26 | | \$17.83 | |
| 76100 | X-Ray Exam Of Body Section | TC | | \$33.68 | |
| 76101 | Complex Body Section X-Ray | | | \$73.30 | |
| 76101 | Complex Body Section X-Ray | 26 | | \$19.02 | |
| 76101 | Complex Body Section X-Ray | TC | | \$54.28 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|---------|------------------|
| 76102 | Complex Body Section X-Rays | | | \$97.07 | |
| 76102 | Complex Body Section X-Rays | 26 | | \$19.22 | |
| 76102 | Complex Body Section X-Rays | TC | | \$77.85 | |
| 76506 | Echo Exam Of Head | | | \$66.56 | |
| 76506 | Echo Exam Of Head | 26 | | \$18.23 | |
| 76506 | Echo Exam Of Head | TC | | \$48.34 | |
| 76510 | Ophth Us B & Quant A | | | \$95.29 | |
| 76510 | Ophth Us B & Quant A | 26 | | \$49.92 | |
| 76510 | Ophth Us B & Quant A | TC | | \$45.36 | |
| 76511 | Ophth Us Quant A Only | | | \$56.66 | |
| 76511 | Ophth Us Quant A Only | 26 | | \$29.72 | |
| 76511 | Ophth Us Quant A Only | TC | | \$26.94 | |
| 76512 | Ophth Us B W/Non-Quant A | | | \$51.90 | |
| 76512 | Ophth Us B W/Non-Quant A | 26 | | \$29.72 | |
| 76512 | Ophth Us B W/Non-Quant A | TC | | \$22.19 | |
| 76513 | Echo Exam Of Eye Water Bath | | | \$53.29 | |
| 76513 | Echo Exam Of Eye Water Bath | 26 | | \$20.01 | |
| 76513 | Echo Exam Of Eye Water Bath | TC | | \$33.28 | |
| 76514 | Echo Exam Of Eye Thickness | | | \$8.52 | |
| 76514 | Echo Exam Of Eye Thickness | 26 | | \$5.55 | |
| 76514 | Echo Exam Of Eye Thickness | TC | | \$2.97 | |
| 76516 | Echo Exam Of Eye | | | \$43.98 | |
| 76516 | Echo Exam Of Eye | 26 | | \$17.43 | |
| 76516 | Echo Exam Of Eye | TC | | \$26.55 | |
| 76519 | Echo Exam Of Eye | | | \$46.95 | |
| 76519 | Echo Exam Of Eye | 26 | | \$17.43 | |
| 76519 | Echo Exam Of Eye | TC | | \$29.52 | |
| 76529 | Echo Exam Of Eye | | | \$44.37 | |
| 76529 | Echo Exam Of Eye | 26 | | \$18.23 | |
| 76529 | Echo Exam Of Eye | TC | | \$26.15 | |
| 76536 | Us Exam Of Head And Neck | | | \$65.17 | |
| 76536 | Us Exam Of Head And Neck | 26 | | \$15.85 | |
| 76536 | Us Exam Of Head And Neck | TC | | \$49.33 | |
| 76604 | Us Exam Chest | | | \$49.33 | |
| 76604 | Us Exam Chest | 26 | | \$15.25 | |
| 76604 | Us Exam Chest | TC | | \$34.07 | |
| 76641 | Ultrasound Breast Complete | | | \$60.22 | |
| 76641 | Ultrasound Breast Complete | 26 | | \$20.60 | |
| 76641 | Ultrasound Breast Complete | TC | | \$39.62 | |
| 76642 | Ultrasound Breast Limited | | | \$49.53 | |
| 76642 | Ultrasound Breast Limited | 26 | | \$19.22 | |
| 76642 | Ultrasound Breast Limited | TC | | \$30.31 | |
| 76700 | Us Exam Abdom Complete | | | \$68.74 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|----------|------------------|
| 76700 | Us Exam Abdom Complete | 26 | | \$22.78 | |
| 76700 | Us Exam Abdom Complete | TC | | \$45.96 | |
| 76705 | Echo Exam Of Abdomen | | | \$51.31 | |
| 76705 | Echo Exam Of Abdomen | 26 | | \$16.64 | |
| 76705 | Echo Exam Of Abdomen | TC | | \$34.67 | |
| 76770 | Us Exam Abdo Back Wall Comp | | | \$63.59 | |
| 76770 | Us Exam Abdo Back Wall Comp | 26 | | \$20.80 | |
| 76770 | Us Exam Abdo Back Wall Comp | TC | | \$42.79 | |
| 76775 | Us Exam Abdo Back Wall Lim | | | \$32.49 | |
| 76775 | Us Exam Abdo Back Wall Lim | 26 | | \$16.24 | |
| 76775 | Us Exam Abdo Back Wall Lim | TC | | \$16.24 | |
| 76776 | Us Exam K Transpl W/Doppler | | | \$87.96 | |
| 76776 | Us Exam K Transpl W/Doppler | 26 | | \$21.39 | |
| 76776 | Us Exam K Transpl W/Doppler | TC | | \$66.56 | |
| 76800 | Us Exam Spinal Canal | | | \$79.24 | |
| 76800 | Us Exam Spinal Canal | 26 | | \$34.07 | |
| 76800 | Us Exam Spinal Canal | TC | | \$45.17 | |
| 76801 | Ob Us < 14 Wks Single Fetus | | | \$69.14 | |
| 76801 | Ob Us < 14 Wks Single Fetus | 26 | | \$28.33 | |
| 76801 | Ob Us < 14 Wks Single Fetus | TC | | \$40.81 | |
| 76802 | Ob Us < 14 Wks Addl Fetus | | | \$36.45 | |
| 76802 | Ob Us < 14 Wks Addl Fetus | 26 | | \$23.97 | |
| 76802 | Ob Us < 14 Wks Addl Fetus | TC | | \$12.48 | |
| 76805 | Ob Us >= 14 Wks Sngl Fetus | | | \$79.83 | |
| 76805 | Ob Us >= 14 Wks Sngl Fetus | 26 | | \$28.53 | |
| 76805 | Ob Us >= 14 Wks Sngl Fetus | TC | | \$51.31 | |
| 76810 | Ob Us >= 14 Wks Addl Fetus | | | \$52.50 | |
| 76810 | Ob Us >= 14 Wks Addl Fetus | 26 | | \$28.33 | |
| 76810 | Ob Us >= 14 Wks Addl Fetus | TC | | \$24.17 | |
| 76811 | Ob Us Detailed Sngl Fetus | | | \$102.42 | |
| 76811 | Ob Us Detailed Sngl Fetus | 26 | | \$55.47 | |
| 76811 | Ob Us Detailed Sngl Fetus | TC | | \$46.95 | |
| 76812 | Ob Us Detailed Addl Fetus | | | \$116.28 | |
| 76812 | Ob Us Detailed Addl Fetus | 26 | | \$52.10 | |
| 76812 | Ob Us Detailed Addl Fetus | TC | | \$64.18 | |
| 76813 | Ob Us Nuchal Meas 1 Gest | | | \$68.15 | |
| 76813 | Ob Us Nuchal Meas 1 Gest | 26 | | \$34.47 | |
| 76813 | Ob Us Nuchal Meas 1 Gest | TC | | \$33.68 | |
| 76814 | Ob Us Nuchal Meas Add-On | | | \$45.76 | |
| 76814 | Ob Us Nuchal Meas Add-On | 26 | | \$29.12 | |
| 76814 | Ob Us Nuchal Meas Add-On | TC | | \$16.64 | |
| 76815 | Ob Us Limited Fetus(S) | | | \$47.35 | |
| 76815 | Ob Us Limited Fetus(S) | 26 | | \$18.42 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 76815 | Ob Us Limited Fetus(S) | TC | | \$28.92 | |
| 76816 | Ob Us Follow-Up Per Fetus | | | \$64.78 | |
| 76816 | Ob Us Follow-Up Per Fetus | 26 | | \$24.76 | |
| 76816 | Ob Us Follow-Up Per Fetus | TC | | \$40.02 | |
| 76817 | Transvaginal Us Obstetric | | | \$54.68 | |
| 76817 | Transvaginal Us Obstetric | 26 | | \$21.59 | |
| 76817 | Transvaginal Us Obstetric | TC | | \$33.08 | |
| 76818 | Fetal Biophys Profile W/Nst | | | \$68.54 | |
| 76818 | Fetal Biophys Profile W/Nst | 26 | | \$30.71 | |
| 76818 | Fetal Biophys Profile W/Nst | TC | | \$37.84 | |
| 76819 | Fetal Biophys Profil W/O Nst | | | \$49.92 | |
| 76819 | Fetal Biophys Profil W/O Nst | 26 | | \$22.39 | |
| 76819 | Fetal Biophys Profil W/O Nst | TC | | \$27.54 | |
| 76820 | Umbilical Artery Echo | | | \$26.55 | |
| 76820 | Umbilical Artery Echo | 26 | | \$14.46 | |
| 76820 | Umbilical Artery Echo | TC | | \$12.08 | |
| 76821 | Middle Cerebral Artery Echo | | | \$52.30 | |
| 76821 | Middle Cerebral Artery Echo | 26 | | \$20.40 | |
| 76821 | Middle Cerebral Artery Echo | TC | | \$31.89 | |
| 76825 | Echo Exam Of Fetal Heart | | | \$155.31 | |
| 76825 | Echo Exam Of Fetal Heart | 26 | | \$47.35 | |
| 76825 | Echo Exam Of Fetal Heart | TC | | \$107.96 | |
| 76826 | Echo Exam Of Fetal Heart | | | \$91.72 | |
| 76826 | Echo Exam Of Fetal Heart | 26 | | \$23.38 | |
| 76826 | Echo Exam Of Fetal Heart | TC | | \$68.34 | |
| 76827 | Echo Exam Of Fetal Heart | | | \$42.59 | |
| 76827 | Echo Exam Of Fetal Heart | 26 | | \$16.24 | |
| 76827 | Echo Exam Of Fetal Heart | TC | | \$26.35 | |
| 76828 | Echo Exam Of Fetal Heart | | | \$30.11 | |
| 76828 | Echo Exam Of Fetal Heart | 26 | | \$16.05 | |
| 76828 | Echo Exam Of Fetal Heart | TC | | \$14.07 | |
| 76830 | Transvaginal Us Non-Ob | | | \$68.54 | |
| 76830 | Transvaginal Us Non-Ob | 26 | | \$19.61 | |
| 76830 | Transvaginal Us Non-Ob | TC | | \$48.93 | |
| 76831 | Echo Exam Uterus | | | \$66.56 | |
| 76831 | Echo Exam Uterus | 26 | | \$20.80 | |
| 76831 | Echo Exam Uterus | TC | | \$45.76 | |
| 76856 | Us Exam Pelvic Complete | | | \$61.61 | |
| 76856 | Us Exam Pelvic Complete | 26 | | \$19.41 | |
| 76856 | Us Exam Pelvic Complete | TC | | \$42.20 | |
| 76857 | Us Exam Pelvic Limited | | | \$26.74 | |
| 76857 | Us Exam Pelvic Limited | 26 | | \$14.07 | |
| 76857 | Us Exam Pelvic Limited | TC | | \$12.68 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 76870 | Us Exam Scrotum | | | \$37.84 | |
| 76870 | Us Exam Scrotum | 26 | | \$18.03 | |
| 76870 | Us Exam Scrotum | TC | | \$19.81 | |
| 76872 | Us Transrectal | | | \$52.69 | |
| 76872 | Us Transrectal | 26 | | \$18.82 | |
| 76872 | Us Transrectal | TC | | \$33.88 | |
| 76873 | Echograp Trans R Pros Study | | | \$94.10 | |
| 76873 | Echograp Trans R Pros Study | 26 | | \$43.78 | |
| 76873 | Echograp Trans R Pros Study | TC | | \$50.32 | |
| 76881 | Us Xtr Non-Vasc Complete | | | \$64.18 | |
| 76881 | Us Xtr Non-Vasc Complete | 26 | | \$17.63 | |
| 76881 | Us Xtr Non-Vasc Complete | TC | | \$46.55 | |
| 76882 | Us Xtr Non-Vasc Lmted | | | \$20.21 | |
| 76882 | Us Xtr Non-Vasc Lmted | 26 | | \$13.87 | |
| 76882 | Us Xtr Non-Vasc Lmted | TC | | \$6.34 | |
| 76885 | Us Exam Infant Hips Dynamic | | | \$81.82 | |
| 76885 | Us Exam Infant Hips Dynamic | 26 | | \$21.00 | |
| 76885 | Us Exam Infant Hips Dynamic | TC | | \$60.82 | |
| 76886 | Us Exam Infant Hips Static | | | \$59.43 | |
| 76886 | Us Exam Infant Hips Static | 26 | | \$17.23 | |
| 76886 | Us Exam Infant Hips Static | TC | | \$42.20 | |
| 76941 | Echo Guide For Transfusion | | | \$75.19 | |
| 76941 | Echo Guide For Transfusion | 26 | | \$38.63 | |
| 76941 | Echo Guide For Transfusion | TC | | \$33.74 | |
| 76942 | Echo Guide For Biopsy | | | \$34.07 | |
| 76942 | Echo Guide For Biopsy | 26 | | \$18.82 | |
| 76942 | Echo Guide For Biopsy | TC | | \$15.25 | |
| 76945 | Echo Guide Villus Sampling | | | \$53.99 | |
| 76945 | Echo Guide Villus Sampling | 26 | | \$19.61 | |
| 76945 | Echo Guide Villus Sampling | TC | | \$33.74 | |
| 76946 | Echo Guide For Amniocentesis | | | \$18.42 | |
| 76946 | Echo Guide For Amniocentesis | 26 | | \$11.09 | |
| 76946 | Echo Guide For Amniocentesis | TC | | \$7.33 | |
| 77051 | Computer Dx Mammogram Add-On | | | \$4.56 | |
| 77051 | Computer Dx Mammogram Add-On | 26 | | \$1.58 | |
| 77051 | Computer Dx Mammogram Add-On | TC | | \$2.97 | |
| 77052 | Comp Screen Mammogram Add-On | | | \$4.56 | |
| 77052 | Comp Screen Mammogram Add-On | 26 | | \$1.58 | |
| 77052 | Comp Screen Mammogram Add-On | TC | | \$2.97 | |
| 77053 | X-Ray Of Mammary Duct | | | \$32.49 | |
| 77053 | X-Ray Of Mammary Duct | 26 | | \$10.10 | |
| 77053 | X-Ray Of Mammary Duct | TC | | \$22.39 | |
| 77054 | X-Ray Of Mammary Ducts | | | \$42.79 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|----------|------------------|
| 77054 | X-Ray Of Mammary Ducts | 26 | | \$12.88 | |
| 77054 | X-Ray Of Mammary Ducts | TC | | \$29.91 | |
| 77055 | Mammogram One Breast | | | \$49.92 | |
| 77055 | Mammogram One Breast | 26 | | \$19.81 | |
| 77055 | Mammogram One Breast | TC | | \$30.11 | |
| 77056 | Mammogram Both Breasts | | | \$64.18 | |
| 77056 | Mammogram Both Breasts | 26 | | \$24.56 | |
| 77056 | Mammogram Both Breasts | TC | | \$39.62 | |
| 77057 | Mammogram Screening | | | \$45.76 | |
| 77057 | Mammogram Screening | 26 | | \$19.81 | |
| 77057 | Mammogram Screening | TC | | \$25.95 | |
| 77071 | X-Ray Stress View | | | \$26.94 | |
| 77072 | X-Rays For Bone Age | | | \$12.88 | |
| 77072 | X-Rays For Bone Age | 26 | | \$5.35 | |
| 77072 | X-Rays For Bone Age | TC | | \$7.53 | |
| 77073 | X-Rays Bone Length Studies | | | \$20.01 | |
| 77073 | X-Rays Bone Length Studies | 26 | | \$8.12 | |
| 77073 | X-Rays Bone Length Studies | TC | | \$11.89 | |
| 77074 | X-Rays Bone Survey Limited | | | \$35.86 | |
| 77074 | X-Rays Bone Survey Limited | 26 | | \$12.88 | |
| 77074 | X-Rays Bone Survey Limited | TC | | \$22.98 | |
| 77075 | X-Rays Bone Survey Complete | | | \$48.73 | |
| 77075 | X-Rays Bone Survey Complete | 26 | | \$15.25 | |
| 77075 | X-Rays Bone Survey Complete | TC | | \$33.48 | |
| 77076 | X-Rays Bone Survey Infant | | | \$53.49 | |
| 77076 | X-Rays Bone Survey Infant | 26 | | \$19.81 | |
| 77076 | X-Rays Bone Survey Infant | TC | | \$33.68 | |
| 77077 | Joint Survey Single View | | | \$20.80 | |
| 77077 | Joint Survey Single View | 26 | | \$9.11 | |
| 77077 | Joint Survey Single View | TC | | \$11.69 | |
| 77080 | Dxa Bone Density Axial | | | \$22.98 | |
| 77080 | Dxa Bone Density Axial | 26 | | \$5.74 | |
| 77080 | Dxa Bone Density Axial | TC | | \$17.23 | |
| 77081 | Dxa Bone Density/Peripheral | | | \$15.65 | |
| 77081 | Dxa Bone Density/Peripheral | 26 | | \$6.14 | |
| 77081 | Dxa Bone Density/Peripheral | TC | | \$9.51 | |
| 78265 | Gastric Emptying Imag Study | | | \$230.39 | |
| 78265 | Gastric Emptying Imag Study | 26 | | \$27.14 | |
| 78265 | Gastric Emptying Imag Study | TC | | \$203.25 | |
| 78266 | Gastric Emptying Imag Study | | | \$273.38 | |
| 78266 | Gastric Emptying Imag Study | 26 | | \$30.11 | |
| 78266 | Gastric Emptying Imag Study | TC | | \$243.27 | |
| 80047 | Metabolic Panel Ionized Ca | | | \$9.31 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-------------------------------|----------|-----------|---------|------------------|
| 80048 | Metabolic Panel Total Ca | | | \$9.31 | |
| 80051 | Electrolyte Panel | | | \$4.54 | |
| 80053 | Comprehen Metabolic Panel | | | \$11.43 | |
| 80055 | Obstetric Panel | | | \$38.39 | |
| 80061 | Lipid Panel | | | \$12.53 | |
| 80069 | Renal Function Panel | | | \$9.54 | |
| 80074 | Acute Hepatitis Panel | | | \$51.00 | |
| 80076 | Hepatic Function Panel | | | \$5.03 | |
| 80081 | Obstetric Panel | | | \$80.74 | |
| 80150 | Assay Of Amikacin | | | \$10.24 | |
| 80155 | Drug Assay Caffeine | | | \$10.71 | |
| 80156 | Assay Carbamazepine Total | | | \$10.24 | |
| 80158 | Drug Assay Cyclosporine | | | \$10.24 | |
| 80159 | Drug Assay Clozapine | | | \$18.67 | |
| 80162 | Assay Of Digoxin Total | | | \$10.24 | |
| 80163 | Assay Of Digoxin Free | | | \$14.96 | |
| 80164 | Assay Dipropylacetic Acid Tot | | | \$10.24 | |
| 80165 | Dipropylacetic Acid Free | | | \$15.27 | |
| 80168 | Assay Of Ethosuximide | | | \$10.24 | |
| 80169 | Drug Assay Everolimus | | | \$15.51 | |
| 80170 | Assay Of Gentamicin | | | \$10.24 | |
| 80171 | Drug Screen Quant Gabapentin | | | \$14.98 | |
| 80175 | Drug Screen Quan Lamotrigine | | | \$14.98 | |
| 80176 | Assay Of Lidocaine | | | \$10.24 | |
| 80177 | Drug Scrn Quan Levetiracetam | | | \$14.98 | |
| 80178 | Assay Of Lithium | | | \$6.74 | |
| 80180 | Drug Scrn Quan Mycophenolate | | | \$13.15 | |
| 80183 | Drug Scrn Quant Oxcarbazepin | | | \$14.98 | |
| 80184 | Assay Of Phenobarbital | | | \$10.24 | |
| 80185 | Assay Of Phenytoin Total | | | \$10.24 | |
| 80186 | Assay Of Phenytoin Free | | | \$10.24 | |
| 80188 | Assay Of Primidone | | | \$10.24 | |
| 80190 | Assay Of Procainamide | | | \$10.24 | |
| 80192 | Assay Of Procainamide | | | \$10.24 | |
| 80194 | Assay Of Quinidine | | | \$10.24 | |
| 80195 | Assay Of Sirolimus | | | \$10.24 | |
| 80197 | Assay Of Tacrolimus | | | \$10.24 | |
| 80198 | Assay Of Theophylline | | | \$10.24 | |
| 80199 | Drug Screen Quant Tiagabine | | | \$13.16 | |
| 80200 | Assay Of Tobramycin | | | \$10.24 | |
| 80201 | Assay Of Topiramate | | | \$10.24 | |
| 80202 | Assay Of Vancomycin | | | \$10.24 | |
| 80203 | Drug Screen Quant Zonisamide | | | \$14.98 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|--------|------------------------------|----------|-----------|----------|------------------|
| 80299 | Quantitative Assay Drug | | | \$10.24 | |
| 80500 | Lab Pathology Consultation | | | \$12.28 | |
| 80502 | Lab Pathology Consultation | | | \$40.02 | |
| 81000 | Urinalysis Nonauto W/Scope | | | \$2.64 | |
| 81001 | Urinalysis Auto W/Scope | | | \$2.64 | |
| 81002 | Urinalysis Nonauto W/O Scope | | | \$1.10 | |
| 81003 | Urinalysis Auto W/O Scope | | | \$1.10 | |
| 81005 | Urinalysis | | | \$1.37 | |
| 81015 | Microscopic Exam Of Urine | | | \$1.54 | |
| 81025 | Urine Pregnancy Test | | | \$4.74 | |
| 81099 | Urinalysis Test Procedure | | | M | |
| 81528* | Oncology Colorectal Scr | | | \$420.81 | |
| 82009 | Test For Acetone/Ketones | | | \$1.32 | |
| 82010 | Acetone Assay | | | \$2.83 | |
| 82016 | Acylcarnitines Qual | | | \$15.26 | |
| 82017 | Acylcarnitines Quant | | | \$15.51 | |
| 82024 | Assay Of Acth | | | \$42.43 | |
| 82030 | Assay Of Adp & Amp | | | \$15.01 | |
| 82040 | Assay Of Serum Albumin | | | \$3.03 | |
| 82042 | Assay Of Urine Albumin | | | \$2.05 | |
| 82043 | Microalbumin Quantitative | | | \$2.05 | |
| 82044 | Microalbumin Semiquant | | | \$2.05 | |
| 82085 | Assay Of Aldolase | | | \$6.82 | |
| 82088 | Assay Of Aldosterone | | | \$32.69 | |
| 82105 | Alpha-Fetoprotein Serum | | | \$18.20 | |
| 82120 | Amines Vaginal Fluid Qual | | | \$4.12 | |
| 82127 | Amino Acid Single Qual | | | \$15.51 | |
| 82128 | Amino Acids Mult Qual | | | \$15.23 | |
| 82131 | Amino Acids Single Quant | | | \$15.51 | |
| 82135 | Assay Aminolevulinic Acid | | | \$13.75 | |
| 82136 | Amino Acids Quant 2-5 | | | \$15.51 | |
| 82139 | Amino Acids Quan 6 Or More | | | \$15.51 | |
| 82140 | Assay Of Ammonia | | | \$8.64 | |
| 82143 | Amniotic Fluid Scan | | | \$8.31 | |
| 82150 | Assay Of Amylase | | | \$4.31 | |
| 82154 | Androstanediol Glucuronide | | | \$27.48 | |
| 82157 | Assay Of Androstenedione | | | \$15.83 | |
| 82160 | Assay Of Androsterone | | | \$11.38 | |
| 82163 | Assay Of Angiotensin li | | | \$21.38 | |
| 82164 | Angiotensin I Enzyme Test | | | \$11.38 | |
| 82172 | Assay Of Apolipoprotein | | | \$4.54 | |
| 82175 | Assay Of Arsenic | | | \$21.38 | |
| 82180 | Assay Of Ascorbic Acid | | | \$5.23 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|---------|------------------|
| 82232 | Assay Of Beta-2 Protein | | | \$18.20 | |
| 82239 | Bile Acids Total | | | \$10.21 | |
| 82240 | Bile Acids Cholyglycine | | | \$10.21 | |
| 82247 | Bilirubin Total | | | \$5.52 | |
| 82248 | Bilirubin Direct | | | \$5.52 | |
| 82252 | Fecal Bilirubin Test | | | \$5.18 | |
| 82261 | Assay Of Biotinidase | | | \$15.51 | |
| 82270 | Occult Blood Feces | | | \$2.27 | |
| 82271 | Occult Blood Other Sources | | | \$2.27 | |
| 82272 | Occult Bld Feces 1-3 Tests | | | \$2.27 | |
| 82274 | Assay Test For Blood Fecal | | | \$19.88 | |
| 82300 | Assay Of Cadmium | | | \$9.29 | |
| 82308 | Assay Of Calcitonin | | | \$25.03 | |
| 82310 | Assay Of Calcium | | | \$2.87 | |
| 82330 | Assay Of Calcium | | | \$8.64 | |
| 82340 | Assay Of Calcium In Urine | | | \$4.31 | |
| 82355 | Calculus Analysis Qual | | | \$11.38 | |
| 82360 | Calculus Assay Quant | | | \$11.16 | |
| 82365 | Calculus Spectroscopy | | | \$11.39 | |
| 82370 | X-Ray Assay Calculus | | | \$11.39 | |
| 82374 | Assay Blood Carbon Dioxide | | | \$2.98 | |
| 82375 | Assay Carboxyhb Quant | | | \$6.82 | |
| 82376 | Assay Carboxyhb Qual | | | \$6.09 | |
| 82378 | Carcinoembryonic Antigen | | | \$14.65 | |
| 82379 | Assay Of Carnitine | | | \$15.51 | |
| 82380 | Assay Of Carotene | | | \$6.36 | |
| 82382 | Assay Urine Catecholamines | | | \$17.01 | |
| 82383 | Assay Blood Catecholamines | | | \$17.01 | |
| 82384 | Assay Three Catecholamines | | | \$17.01 | |
| 82390 | Assay Of Ceruloplasmin | | | \$9.32 | |
| 82415 | Assay Of Chloramphenicol | | | \$8.64 | |
| 82435 | Assay Of Blood Chloride | | | \$2.51 | |
| 82436 | Assay Of Urine Chloride | | | \$4.01 | |
| 82438 | Assay Other Fluid Chlorides | | | \$2.50 | |
| 82465 | Assay Bld/Serum Cholesterol | | | \$2.65 | |
| 82480 | Assay Serum Cholinesterase | | | \$6.36 | |
| 82482 | Assay Rbc Cholinesterase | | | \$6.92 | |
| 82495 | Assay Of Chromium | | | \$8.64 | |
| 82525 | Assay Of Copper | | | \$8.64 | |
| 82528 | Assay Of Corticosterone | | | \$23.66 | |
| 82530 | Cortisol Free | | | \$15.95 | |
| 82533 | Total Cortisol | | | \$15.95 | |
| 82540 | Assay Of Creatine | | | \$4.54 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|---------|------------------|
| 82565 | Assay Of Creatinine | | | \$2.93 | |
| 82570 | Assay Of Urine Creatinine | | | \$3.42 | |
| 82575 | Creatinine Clearance Test | | | \$5.90 | |
| 82585 | Assay Of Cryofibrinogen | | | \$7.50 | |
| 82595 | Assay Of Cryoglobulin | | | \$7.50 | |
| 82600 | Assay Of Cyanide | | | \$18.73 | |
| 82607 | Vitamin B-12 | | | \$10.92 | |
| 82615 | Test For Urine Cystines | | | \$6.36 | |
| 82626 | Dehydroepiandrosterone | | | \$27.48 | |
| 82627 | Dehydroepiandrosterone | | | \$24.43 | |
| 82633 | Desoxycorticosterone | | | \$31.62 | |
| 82634 | Deoxycortisol | | | \$18.64 | |
| 82638 | Assay Of Dibucaine Number | | | \$12.07 | |
| 82652 | Vit D 1 25-Dihydroxy | | | \$42.28 | |
| 82668 | Assay Of Erythropoietin | | | \$21.38 | |
| 82670 | Assay Of Estradiol | | | \$12.12 | |
| 82671 | Assay Of Estrogens | | | \$28.20 | |
| 82672 | Assay Of Estrogen | | | \$17.06 | |
| 82677 | Assay Of Estriol | | | \$26.57 | |
| 82679 | Assay Of Estrone | | | \$11.96 | |
| 82693 | Assay Of Ethylene Glycol | | | \$6.36 | |
| 82696 | Assay Of Etiocholanolone | | | \$15.98 | |
| 82705 | Fats/Lipids Feces Qual | | | \$2.27 | |
| 82710 | Fats/Lipids Feces Quant | | | \$3.74 | |
| 82715 | Assay Of Fecal Fat | | | \$3.82 | |
| 82725 | Assay Of Blood Fatty Acids | | | \$11.15 | |
| 82726 | Long Chain Fatty Acids | | | \$12.78 | |
| 82728 | Assay Of Ferritin | | | \$14.56 | |
| 82731 | Assay Of Fetal Fibronectin | | | \$70.74 | |
| 82735 | Assay Of Fluoride | | | \$11.38 | |
| 82746 | Assay Of Folic Acid Serum | | | \$10.92 | |
| 82760 | Assay Of Galactose | | | \$8.57 | |
| 82775 | Assay Galactose Transferase | | | \$17.06 | |
| 82777 | Galectin-3 | | | \$24.85 | |
| 82784 | Assay Iga/Igd/Igg/Igm Each | | | \$9.32 | |
| 82800 | Blood Ph | | | \$2.36 | |
| 82803 | Blood Gases Any Combination | | | \$10.96 | |
| 82805 | Blood Gases W/O2 Saturation | | | \$22.67 | |
| 82810 | Blood Gases O2 Sat Only | | | \$9.58 | |
| 82938 | Gastrin Test | | | \$14.20 | |
| 82941 | Assay Of Gastrin | | | \$14.20 | |
| 82943 | Assay Of Glucagon | | | \$8.36 | |
| 82946 | Glucagon Tolerance Test | | | \$14.20 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 82947 | Assay Glucose Blood Quant | | | \$2.29 | |
| 82948 | Reagent Strip/Blood Glucose | | | \$1.32 | |
| 82950 | Glucose Test | | | \$4.08 | |
| 82951 | Glucose Tolerance Test (Gtt) | | | \$11.73 | |
| 82952 | Gtt-Added Samples | | | \$3.64 | |
| 82955 | Assay Of G6pd Enzyme | | | \$7.95 | |
| 82960 | Test For G6pd Enzyme | | | \$5.23 | |
| 82962 | Glucose Blood Test | | | \$2.64 | |
| 82965 | Assay Of Gdh Enzyme | | | \$6.92 | |
| 82977 | Assay Of Ggt | | | \$4.40 | |
| 82979 | Assay Rbc Glutathione | | | \$5.23 | |
| 82985 | Assay Of Glycated Protein | | | \$12.74 | |
| 83001 | Assay Of Gonadotropin (Fsh) | | | \$12.67 | |
| 83002 | Assay Of Gonadotropin (Lh) | | | \$15.83 | |
| 83003 | Assay Growth Hormone (Hgh) | | | \$15.83 | |
| 83010 | Assay Of Haptoglobin Quant | | | \$10.66 | |
| 83014 | H Pylori Drug Admin | | | \$8.81 | |
| 83015 | Heavy Metal Screen | | | \$6.36 | |
| 83018 | Quantitative Screen Metals | | | \$20.92 | |
| 83020 | Hemoglobin Electrophoresis | | | \$10.56 | |
| 83020 | Hemoglobin Electrophoresis | 26 | | \$10.30 | |
| 83021 | Hemoglobin Chromatography | | | \$12.78 | |
| 83026 | Hemoglobin Copper Sulfate | | | \$2.50 | |
| 83030 | Fetal Hemoglobin Chemical | | | \$3.82 | |
| 83033 | Fetal Hemoglobin Assay Qual | | | \$5.23 | |
| 83036 | Glycosylated Hemoglobin Test | | | \$8.64 | |
| 83037 | Glycosylated Hb Home Device | | | \$8.64 | |
| 83045 | Blood Methemoglobin Test | | | \$4.31 | |
| 83050 | Blood Methemoglobin Assay | | | \$3.79 | |
| 83051 | Assay Of Plasma Hemoglobin | | | \$4.01 | |
| 83060 | Blood Sulfhemoglobin Assay | | | \$3.82 | |
| 83065 | Assay Of Hemoglobin Heat | | | \$3.82 | |
| 83068 | Hemoglobin Stability Screen | | | \$3.82 | |
| 83069 | Assay Of Urine Hemoglobin | | | \$1.85 | |
| 83070 | Assay Of Hemosiderin Qual | | | \$2.50 | |
| 83080 | Assay Of B Hexosaminidase | | | \$15.51 | |
| 83090 | Assay Of Homocystine | | | \$17.22 | |
| 83150 | Assay Of Homovanillic Acid | | | \$16.16 | |
| 83491 | Assay Of Corticosteroids 17 | | | \$14.20 | |
| 83497 | Assay Of 5-Hiaa | | | \$12.74 | |
| 83498 | Assay Of Progesterone 17-D | | | \$15.83 | |
| 83500 | Assay Free Hydroxyproline | | | \$8.64 | |
| 83505 | Assay Total Hydroxyproline | | | \$17.06 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 83525 | Assay Of Insulin | | | \$12.74 | |
| 83527 | Assay Of Insulin | | | \$12.74 | |
| 83540 | Assay Of Iron | | | \$3.96 | |
| 83550 | Iron Binding Test | | | \$6.36 | |
| 83570 | Assay Of Idh Enzyme | | | \$5.90 | |
| 83582 | Assay Of Ketogenic Steroids | | | \$11.38 | |
| 83586 | Assay 17- Ketosteroids | | | \$9.32 | |
| 83593 | Fractionation Ketosteroids | | | \$27.48 | |
| 83605 | Assay Of Lactic Acid | | | \$5.68 | |
| 83615 | Lactate (Ld) (Ldh) Enzyme | | | \$3.60 | |
| 83625 | Assay Of Ldh Enzymes | | | \$12.74 | |
| 83631 | Lactoferrin Fecal (Quant) | | | \$17.52 | |
| 83632 | Placental Lactogen | | | \$18.20 | |
| 83633 | Test Urine For Lactose | | | \$6.06 | |
| 83655 | Assay Of Lead | | | \$11.38 | |
| 83661 | L/S Ratio Fetal Lung | | | \$22.74 | |
| 83662 | Foam Stability Fetal Lung | | | \$2.65 | |
| 83690 | Assay Of Lipase | | | \$5.00 | |
| 83695 | Assay Of Lipoprotein(A) | | | \$14.98 | |
| 83698 | Assay Lipoprotein Pla2 | | | \$39.27 | |
| 83700 | Lipopro Bld Electrophoretic | | | \$12.36 | |
| 83701 | Lipoprotein Bld Hr Fraction | | | \$15.95 | |
| 83704 | Lipoprotein Bld By Nmr | | | \$21.11 | |
| 83718 | Assay Of Lipoprotein | | | \$6.36 | |
| 83719 | Assay Of Blood Lipoprotein | | | \$6.36 | |
| 83721 | Assay Of Blood Lipoprotein | | | \$6.36 | |
| 83735 | Assay Of Magnesium | | | \$4.08 | |
| 83775 | Assay Malate Dehydrogenase | | | \$6.92 | |
| 83785 | Assay Of Manganese | | | \$11.38 | |
| 83825 | Assay Of Mercury | | | \$11.38 | |
| 83835 | Assay Of Metanephrines | | | \$14.56 | |
| 83857 | Assay Of Methemalbumin | | | \$8.64 | |
| 83861 | Microfluid Analy Tears | | | \$19.52 | |
| 83864 | Mucopolysaccharides | | | \$20.47 | |
| 83872 | Assay Synovial Fluid Mucin | | | \$2.50 | |
| 83874 | Assay Of Myoglobin | | | \$10.24 | |
| 83880 | Assay Of Natriuretic Peptide | | | \$37.70 | |
| 83885 | Assay Of Nickel | | | \$9.29 | |
| 83915 | Assay Of Nucleotidase | | | \$9.29 | |
| 83916 | Oligoclonal Bands | | | \$18.20 | |
| 83930 | Assay Of Blood Osmolality | | | \$5.23 | |
| 83935 | Assay Of Urine Osmolality | | | \$5.23 | |
| 83937 | Assay Of Osteocalcin | | | \$8.64 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 83945 | Assay Of Oxalate | | | \$10.24 | |
| 83970 | Assay Of Parathormone | | | \$45.35 | |
| 83986 | Assay Ph Body Fluid Nos | | | \$2.36 | |
| 83987 | Exhaled Breath Condensate | | | \$16.43 | |
| 83992 | Assay For Phencyclidine | | | \$13.19 | |
| 84030 | Assay Of Blood Pku | | | \$2.97 | |
| 84035 | Assay Of Phenylketones | | | \$3.56 | |
| 84060 | Assay Acid Phosphatase | | | \$4.31 | |
| 84066 | Assay Prostate Phosphatase | | | \$6.36 | |
| 84075 | Assay Alkaline Phosphatase | | | \$3.16 | |
| 84078 | Assay Alkaline Phosphatase | | | \$6.82 | |
| 84080 | Assay Alkaline Phosphatases | | | \$6.82 | |
| 84081 | Assay Phosphatidylglycerol | | | \$18.16 | |
| 84087 | Assay Phosphohexose Enzymes | | | \$10.46 | |
| 84100 | Assay Of Phosphorus | | | \$2.51 | |
| 84105 | Assay Of Urine Phosphorus | | | \$2.50 | |
| 84106 | Test For Porphobilinogen | | | \$4.71 | |
| 84110 | Assay Of Porphobilinogen | | | \$7.50 | |
| 84112 | Eval Amniotic Fluid Protein | | | \$75.04 | |
| 84119 | Test Urine For Porphyrins | | | \$4.74 | |
| 84120 | Assay Of Urine Porphyrins | | | \$13.75 | |
| 84126 | Assay Of Feces Porphyrins | | | \$26.38 | |
| 84132 | Assay Of Serum Potassium | | | \$2.81 | |
| 84133 | Assay Of Urine Potassium | | | \$4.31 | |
| 84134 | Assay Of Prealbumin | | | \$4.74 | |
| 84135 | Assay Of Pregnanediol | | | \$14.03 | |
| 84138 | Assay Of Pregnanetriol | | | \$19.43 | |
| 84140 | Assay Of Pregnenolone | | | \$17.01 | |
| 84143 | Assay Of 17-Hydroxypregno | | | \$17.01 | |
| 84144 | Assay Of Progesterone | | | \$17.01 | |
| 84145 | Procalcitonin (Pct) | | | \$22.98 | |
| 84146 | Assay Of Prolactin | | | \$16.44 | |
| 84153 | Assay Of Psa Total | | | \$19.42 | |
| 84154 | Assay Of Psa Free | | | \$20.20 | |
| 84155 | Assay Of Protein Serum | | | \$2.23 | |
| 84160 | Assay Of Protein Any Source | | | \$2.04 | |
| 84165 | Protein E-Phoresis Serum | | | \$8.64 | |
| 84165 | Protein E-Phoresis Serum | 26 | | \$10.30 | |
| 84166 | Protein E-Phoresis/Urine/Csf | | | \$14.98 | |
| 84166 | Protein E-Phoresis/Urine/Csf | 26 | | \$10.30 | |
| 84181 | Western Blot Test | | | \$19.10 | |
| 84181 | Western Blot Test | 26 | | \$10.30 | |
| 84182 | Protein Western Blot Test | | | \$19.10 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|---------|------------------|
| 84182 | Protein Western Blot Test | 26 | | \$10.30 | |
| 84202 | Assay Rbc Protoporphyrin | | | \$5.00 | |
| 84210 | Assay Of Pyruvate | | | \$6.92 | |
| 84220 | Assay Of Pyruvate Kinase | | | \$6.36 | |
| 84228 | Assay Of Quinine | | | \$9.29 | |
| 84233 | Assay Of Estrogen | | | \$50.06 | |
| 84234 | Assay Of Progesterone | | | \$45.49 | |
| 84238 | Assay Nonendocrine Receptor | | | \$10.69 | |
| 84244 | Assay Of Renin | | | \$21.38 | |
| 84255 | Assay Of Selenium | | | \$8.64 | |
| 84260 | Assay Of Serotonin | | | \$6.21 | |
| 84285 | Assay Of Silica | | | \$2.36 | |
| 84295 | Assay Of Serum Sodium | | | \$2.85 | |
| 84300 | Assay Of Urine Sodium | | | \$2.50 | |
| 84302 | Assay Of Sweat Sodium | | | \$5.17 | |
| 84305 | Assay Of Somatomedin | | | \$15.83 | |
| 84307 | Assay Of Somatostatin | | | \$15.83 | |
| 84392 | Assay Of Urine Sulfate | | | \$1.37 | |
| 84402 | Assay Of Free Testosterone | | | \$20.37 | |
| 84403 | Assay Of Total Testosterone | | | \$20.37 | |
| 84430 | Assay Of Thiocyanate | | | \$4.54 | |
| 84431 | Thromboxane Urine | | | \$15.34 | |
| 84432 | Assay Of Thyroglobulin | | | \$12.29 | |
| 84436 | Assay Of Total Thyroxine | | | \$7.55 | |
| 84437 | Assay Of Neonatal Thyroxine | | | \$4.54 | |
| 84439 | Assay Of Free Thyroxine | | | \$8.44 | |
| 84442 | Assay Of Thyroid Activity | | | \$12.29 | |
| 84443 | Assay Thyroid Stim Hormone | | | \$8.27 | |
| 84445 | Assay Of Tsi Globulin | | | \$55.51 | |
| 84449 | Assay Of Transcortin | | | \$12.29 | |
| 84450 | Transferase (Ast) (Sgot) | | | \$3.15 | |
| 84460 | Alanine Amino (Alt) (Sgpt) | | | \$3.18 | |
| 84466 | Assay Of Transferrin | | | \$12.29 | |
| 84478 | Assay Of Triglycerides | | | \$3.52 | |
| 84479 | Assay Of Thyroid (T3 Or T4) | | | \$7.12 | |
| 84480 | Assay Triiodothyronine (T3) | | | \$15.57 | |
| 84481 | Free Assay (Ft-3) | | | \$18.61 | |
| 84484 | Assay Of Troponin Quant | | | \$10.81 | |
| 84488 | Test Feces For Trypsin | | | \$5.90 | |
| 84490 | Assay Of Feces For Trypsin | | | \$6.87 | |
| 84510 | Assay Of Tyrosine | | | \$5.23 | |
| 84512 | Assay Of Troponin Qual | | | \$8.46 | |
| 84520 | Assay Of Urea Nitrogen | | | \$2.25 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 84540 | Assay Of Urine/Urea-N | | | \$3.42 | |
| 84545 | Urea-N Clearance Test | | | \$4.96 | |
| 84550 | Assay Of Blood/Uric Acid | | | \$2.76 | |
| 84560 | Assay Of Urine/Uric Acid | | | \$3.42 | |
| 84577 | Assay Of Feces/Urobilinogen | | | \$4.31 | |
| 84578 | Test Urine Urobilinogen | | | \$2.50 | |
| 84580 | Assay Of Urine Urobilinogen | | | \$4.31 | |
| 84583 | Assay Of Urine Urobilinogen | | | \$2.50 | |
| 84585 | Assay Of Urine Vma | | | \$15.24 | |
| 84588 | Assay Of Vasopressin | | | \$20.92 | |
| 84590 | Assay Of Vitamin A | | | \$8.64 | |
| 84600 | Assay Of Volatiles | | | \$17.65 | |
| 84620 | Xylose Tolerance Test | | | \$8.18 | |
| 84630 | Assay Of Zinc | | | \$9.09 | |
| 84681 | Assay Of C-Peptide | | | \$15.62 | |
| 84702 | Chorionic Gonadotropin Test | | | \$6.13 | |
| 84703 | Chorionic Gonadotropin Assay | | | \$4.18 | |
| 84704 | Hcg Free Betachain Test | | | \$6.62 | |
| 84999 | Clinical Chemistry Test | | | M | |
| 85002 | Bleeding Time Test | | | \$4.94 | |
| 85004 | Automated Diff Wbc Count | | | \$5.17 | |
| 85007 | Bl Smear W/Diff Wbc Count | | | \$2.42 | |
| 85008 | Bl Smear W/O Diff Wbc Count | | | \$2.50 | |
| 85009 | Manual Diff Wbc Count B-Coat | | | \$1.82 | |
| 85013 | Spun Microhematocrit | | | \$2.50 | |
| 85014 | Hematocrit | | | \$2.50 | |
| 85018 | Hemoglobin | | | \$2.50 | |
| 85025 | Complete Cbc W/Auto Diff Wbc | | | \$4.96 | |
| 85027 | Complete Cbc Automated | | | \$4.31 | |
| 85032 | Manual Cell Count Each | | | \$4.77 | |
| 85041 | Automated Rbc Count | | | \$1.82 | |
| 85044 | Manual Reticulocyte Count | | | \$4.30 | |
| 85045 | Automated Reticulocyte Count | | | \$4.30 | |
| 85046 | Reticyte/Hgb Concentrate | | | \$4.50 | |
| 85048 | Automated Leukocyte Count | | | \$2.50 | |
| 85049 | Automated Platelet Count | | | \$4.96 | |
| 85097 | Bone Marrow Interpretation | | | \$50.32 | |
| 85175 | Blood Clot Lysis Time | | | \$4.99 | |
| 85210 | Clot Factor Ii Prothrom Spec | | | \$14.91 | |
| 85220 | Blooc Clot Factor V Test | | | \$8.56 | |
| 85230 | Clot Factor Vii Proconvertin | | | \$17.93 | |
| 85240 | Clot Factor Viii Ahg 1 Stage | | | \$12.40 | |
| 85244 | Clot Factor Viii Reltd Antgn | | | \$22.74 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 85245 | Clot Factor Viii Vw Ristoctn | | | \$9.25 | |
| 85246 | Clot Factor Viii Vw Antigen | | | \$9.25 | |
| 85247 | Clot Factor Viii Multimeric | | | \$9.25 | |
| 85250 | Clot Factor Ix Ptc/Christmas | | | \$14.91 | |
| 85260 | Clot Factor X Stuart-Power | | | \$14.91 | |
| 85270 | Clot Factor Xi Pta | | | \$14.91 | |
| 85280 | Clot Factor Xii Hageman | | | \$14.91 | |
| 85290 | Clot Factor Xiii Fibrin Stab | | | \$14.91 | |
| 85291 | Clot Factor Xiii Fibrin Scrn | | | \$6.92 | |
| 85292 | Clot Factor Fletcher Fact | | | \$16.05 | |
| 85293 | Clot Factor Wght Kininogen | | | \$17.13 | |
| 85300 | Antithrombin Iii Activity | | | \$14.19 | |
| 85301 | Antithrombin Iii Antigen | | | \$8.94 | |
| 85302 | Clot Inhibit Prot C Antigen | | | \$14.29 | |
| 85303 | Clot Inhibit Prot C Activity | | | \$14.29 | |
| 85305 | Clot Inhibit Prot S Total | | | \$12.74 | |
| 85306 | Clot Inhibit Prot S Free | | | \$14.29 | |
| 85335 | Factor Inhibitor Test | | | \$14.91 | |
| 85337 | Thrombomodulin | | | \$12.72 | |
| 85345 | Coagulation Time Lee & White | | | \$3.72 | |
| 85347 | Coagulation Time Activated | | | \$3.82 | |
| 85348 | Coagulation Time Otr Method | | | \$4.31 | |
| 85360 | Euglobulin Lysis | | | \$5.90 | |
| 85362 | Fibrin Degradation Products | | | \$4.31 | |
| 85366 | Fibrinogen Test | | | \$7.58 | |
| 85370 | Fibrinogen Test | | | \$7.37 | |
| 85378 | Fibrin Degrade Semiquant | | | \$5.68 | |
| 85379 | Fibrin Degradation Quant | | | \$7.37 | |
| 85380 | Fibrin Degradj D-Dimer | | | \$10.05 | |
| 85384 | Fibrinogen Activity | | | \$7.81 | |
| 85385 | Fibrinogen Antigen | | | \$7.81 | |
| 85390 | Fibrinolysins Screen I&R | | | \$3.05 | |
| 85390 | Fibrinolysins Screen I&R | 26 | | \$10.30 | |
| 85400 | Fibrinolytic Plasmin | | | \$6.92 | |
| 85410 | Fibrinolytic Antiplasmin | | | \$6.92 | |
| 85415 | Fibrinolytic Plasminogen | | | \$6.92 | |
| 85420 | Fibrinolytic Plasminogen | | | \$6.92 | |
| 85421 | Fibrinolytic Plasminogen | | | \$7.01 | |
| 85441 | Heinz Bodies Direct | | | \$4.62 | |
| 85445 | Heinz Bodies Induced | | | \$7.48 | |
| 85460 | Hemoglobin Fetal | | | \$3.82 | |
| 85461 | Hemoglobin Fetal | | | \$7.82 | |
| 85520 | Heparin Assay | | | \$6.60 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-------------------------------|----------|-----------|----------|------------------|
| 85525 | Heparin Neutralization | | | \$6.74 | |
| 85530 | Heparin-Protamine Tolerance | | | \$8.64 | |
| 85540 | Wbc Alkaline Phosphatase | | | \$6.82 | |
| 85547 | Rbc Mechanical Fragility | | | \$2.82 | |
| 85549 | Muramidase | | | \$13.75 | |
| 85557 | Rbc Osmotic Fragility | | | \$6.09 | |
| 85576 | Blood Platelet Aggregation | | | \$6.09 | |
| 85576 | Blood Platelet Aggregation | 26 | | \$10.30 | |
| 85597 | Phospholipid Pltlt Neutraliz | | | \$6.59 | |
| 85598 | Hexagonal Phosph Pltlt Neutrl | | | \$6.65 | |
| 85610 | Prothrombin Time | | | \$3.64 | |
| 85611 | Prothrombin Test | | | \$4.68 | |
| 85612 | Viper Venom Prothrombin Time | | | \$8.73 | |
| 85613 | Russell Viper Venom Diluted | | | \$8.73 | |
| 85635 | Reptilase Test | | | \$4.54 | |
| 85651 | Rbc Sed Rate Nonautomated | | | \$2.50 | |
| 85652 | Rbc Sed Rate Automated | | | \$2.97 | |
| 85660 | Rbc Sick Cell Test | | | \$2.50 | |
| 85670 | Thrombin Time Plasma | | | \$4.31 | |
| 85675 | Thrombin Time Titer | | | \$4.31 | |
| 85705 | Thromboplastin Inhibition | | | \$0.88 | |
| 85730 | Thromboplastin Time Partial | | | \$4.31 | |
| 85732 | Thromboplastin Time Partial | | | \$5.23 | |
| 85810 | Blood Viscosity Examination | | | \$8.64 | |
| 85999 | Hematology Procedure | | | M | |
| 86000 | Agglutinins Febrile Antigen | | | \$4.31 | |
| 86003 | Allergen Specific Ige | | | \$5.73 | |
| 86005 | Allergen Specific Ige | | | \$2.64 | |
| 86038 | Antinuclear Antibodies | | | \$6.88 | |
| 86060 | Antistreptolysin O Titer | | | \$5.52 | |
| 86063 | Antistreptolysin O Screen | | | \$4.20 | |
| 86140 | C-Reactive Protein | | | \$4.31 | |
| 86141 | C-Reactive Protein Hs | | | \$14.22 | |
| 86148 | Anti-Phospholipid Antibody | | | \$10.24 | |
| 86152 | Cell Enumeration & Id | | | \$175.82 | |
| 86153 | Cell Enumeration Phys Interp | 26 | | \$19.22 | |
| 86156 | Cold Agglutinin Screen | | | \$5.40 | |
| 86157 | Cold Agglutinin Titer | | | \$6.55 | |
| 86161 | Complement/Function Activity | | | \$10.96 | |
| 86162 | Complement Total (Ch50) | | | \$20.92 | |
| 86171 | Complement Fixation Each | | | \$11.01 | |
| 86200 | Ccp Antibody | | | \$14.98 | |
| 86215 | Deoxyribonuclease Antibody | | | \$10.46 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 86225 | Dna Antibody Native | | | \$11.38 | |
| 86226 | Dna Antibody Single Strand | | | \$11.38 | |
| 86235 | Nuclear Antigen Antibody | | | \$10.46 | |
| 86255 | Fluorescent Antibody Screen | | | \$13.23 | |
| 86255 | Fluorescent Antibody Screen | 26 | | \$10.30 | |
| 86256 | Fluorescent Antibody Titer | | | \$12.29 | |
| 86256 | Fluorescent Antibody Titer | 26 | | \$10.30 | |
| 86277 | Growth Hormone Antibody | | | \$17.59 | |
| 86300 | Immunoassay Tumor Ca 15-3 | | | \$22.86 | |
| 86304 | Immunoassay Tumor Ca 125 | | | \$22.86 | |
| 86305 | Human Epididymis Protein 4 | | | \$24.67 | |
| 86308 | Heterophile Antibody Screen | | | \$4.31 | |
| 86309 | Heterophile Antibody Titer | | | \$4.78 | |
| 86310 | Heterophile Antibody Absrbj | | | \$5.68 | |
| 86316 | Immunoassay Tumor Other | | | \$19.42 | |
| 86318 | Immunoassay Infectious Agent | | | \$11.26 | |
| 86320 | Serum Immunoelectrophoresis | | | \$21.38 | |
| 86320 | Serum Immunoelectrophoresis | 26 | | \$10.30 | |
| 86325 | Other Immunoelectrophoresis | | | \$21.38 | |
| 86325 | Other Immunoelectrophoresis | 26 | | \$10.30 | |
| 86334 | Immunofix E-Phoresis Serum | | | \$23.82 | |
| 86334 | Immunofix E-Phoresis Serum | 26 | | \$10.30 | |
| 86335 | Immunifx E-Phorsis/Urine/Csf | | | \$30.49 | |
| 86335 | Immunifx E-Phorsis/Urine/Csf | 26 | | \$10.30 | |
| 86337 | Insulin Antibodies | | | \$12.74 | |
| 86340 | Intrinsic Factor Antibody | | | \$16.16 | |
| 86341 | Islet Cell Antibody | | | \$12.74 | |
| 86352 | Cell Function Assay W/Stim | | | \$80.56 | |
| 86353 | Lymphocyte Transformation | | | \$42.07 | |
| 86356 | Mononuclear Cell Antigen | | | \$15.63 | |
| 86382 | Neutralization Test Viral | | | \$12.52 | |
| 86384 | Nitroblue Tetrazolium Dye | | | \$9.29 | |
| 86386 | Nuclear Matrix Protein 22 | | | \$11.13 | |
| 86403 | Particle Agglut Antbdy Scrn | | | \$4.71 | |
| 86406 | Particle Agglut Antbdy Titr | | | \$4.71 | |
| 86430 | Rheumatoid Factor Test Qual | | | \$3.54 | |
| 86431 | Rheumatoid Factor Quant | | | \$5.30 | |
| 86481 | Tb Ag Response T-Cell Susp | | | \$72.21 | |
| 86485 | Skin Test Candida | | | \$6.62 | |
| 86486 | Skin Test Nos Antigen | | | \$2.77 | |
| 86490 | Coccidioidomycosis Skin Test | | | \$39.03 | |
| 86510 | Histoplasmosis Skin Test | | | \$3.37 | |
| 86580 | Tb Intradermal Test | | | \$4.36 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 86592 | Syphilis Test Non-Trep Qual | | | \$2.73 | |
| 86593 | Syphilis Test Non-Trep Quant | | | \$4.74 | |
| 86687 | Htlv-I Antibody | | | \$9.22 | |
| 86688 | Htlv-Ii Antibody | | | \$11.36 | |
| 86692 | Hepatitis Delta Agent Antbdy | | | \$10.24 | |
| 86701 | Hiv-1antibody | | | \$9.76 | |
| 86702 | Hiv-2 Antibody | | | \$11.56 | |
| 86703 | Hiv-1/Hiv-2 1 Result Antbdy | | | \$11.56 | |
| 86704 | Hep B Core Antibody Total | | | \$10.24 | |
| 86705 | Hep B Core Antibody Igm | | | \$10.24 | |
| 86706 | Hep B Surface Antibody | | | \$10.24 | |
| 86707 | Hepatitis Be Antibody | | | \$10.24 | |
| 86708 | Hepatitis A Antibody | | | \$10.24 | |
| 86778 | Toxoplasma Antibody Igm | | | \$4.74 | |
| 86780 | Treponema Pallidum | | | \$13.80 | |
| 86803 | Hepatitis C Ab Test | | | \$10.24 | |
| 86804 | Hep C Ab Test Confirm | | | \$10.24 | |
| 86812 | Hla Typing A B Or C | | | \$27.48 | |
| 86813 | Hla Typing A B Or C | | | \$54.50 | |
| 86816 | Hla Typing Dr/Dq | | | \$22.74 | |
| 86817 | Hla Typing Dr/Dq | | | \$54.50 | |
| 86821 | Lymphocyte Culture Mixed | | | \$62.02 | |
| 86825 | Hla X-Math Non-Cytotoxic | | | \$48.08 | |
| 86826 | Hla X-Match Noncytotoxc Addl | | | \$16.02 | |
| 86828 | Hla Class I&Ii Antibody Qual | | | \$44.70 | |
| 86829 | Hla Class I/Ii Antibody Qual | | | \$33.53 | |
| 86830 | Hla Class I Phenotype Qual | | | \$91.20 | |
| 86831 | Hla Class Ii Phenotype Qual | | | \$78.17 | |
| 86832 | Hla Class I High Defin Qual | | | \$143.32 | |
| 86833 | Hla Class Ii High Defin Qual | | | \$130.29 | |
| 86834 | Hla Class I Semiquant Panel | | | \$403.90 | |
| 86835 | Hla Class Ii Semiquant Panel | | | \$364.82 | |
| 86849 | Immunology Procedure | | | M | |
| 86850 | Rbc Antibody Screen | | | \$5.27 | |
| 86860 | Rbc Antibody Elution | | | \$15.71 | |
| 86880 | Coombs Test Direct | | | \$4.31 | |
| 86885 | Coombs Test Indirect Qual | | | \$5.27 | |
| 86886 | Coombs Test Indirect Titer | | | \$5.68 | |
| 86900 | Blood Typing Serologic Abo | | | \$2.04 | |
| 86901 | Blood Typing Serologic Rh(D) | | | \$4.33 | |
| 87045 | Feces Culture Aerobic Bact | | | \$10.37 | |
| 87070 | Culture Othr Specimn Aerobic | | | \$9.31 | |
| 87075 | Cultr Bacteria Except Blood | | | \$8.84 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-----------------------------|----------|-----------|---------|------------------|
| 87076 | Culture Anaerobe Ident Each | | | \$8.84 | |
| 87077 | Culture Aerobic Identify | | | \$8.86 | |
| 87081 | Culture Screen Only | | | \$4.74 | |
| 87084 | Culture Of Specimen By Kit | | | \$4.74 | |
| 87086 | Urine Culture/Colony Count | | | \$4.42 | |
| 87088 | Urine Bacteria Culture | | | \$7.94 | |
| 87101 | Skin Fungi Culture | | | \$4.31 | |
| 87102 | Fungus Isolation Culture | | | \$4.31 | |
| 87106 | Fungi Identification Yeast | | | \$11.35 | |
| 87109 | Mycoplasma | | | \$13.75 | |
| 87110 | Chlamydia Culture | | | \$13.65 | |
| 87116 | Mycobacteria Culture | | | \$2.36 | |
| 87118 | Mycobacteric Identification | | | \$10.46 | |
| 87140 | Culture Type Immunofluoresc | | | \$4.31 | |
| 87143 | Culture Typing Glc/Hplc | | | \$4.31 | |
| 87147 | Culture Type Immunologic | | | \$4.31 | |
| 87177 | Ova And Parasites Smears | | | \$9.31 | |
| 87181 | Microbe Susceptible Diffuse | | | \$1.37 | |
| 87184 | Microbe Susceptible Disk | | | \$7.70 | |
| 87186 | Microbe Susceptible Mic | | | \$9.51 | |
| 87188 | Microbe Suscept Macrobroth | | | \$2.50 | |
| 87190 | Microbe Suscept Mycobacteri | | | \$5.23 | |
| 87205 | Smear Gram Stain | | | \$4.31 | |
| 87206 | Smear Fluorescent/Acid Stai | | | \$5.68 | |
| 87207 | Smear Special Stain | | | \$6.57 | |
| 87207 | Smear Special Stain | 26 | | \$10.30 | |
| 87209 | Smear Complex Stain | | | \$19.73 | |
| 87210 | Smear Wet Mount Saline/Ink | | | \$2.50 | |
| 87220 | Tissue Exam For Fungi | | | \$2.50 | |
| 87230 | Assay Toxin Or Antitoxin | | | \$15.24 | |
| 87250 | Virus Inoculate Eggs/Animal | | | \$15.01 | |
| 87252 | Virus Inoculation Tissue | | | \$15.01 | |
| 87253 | Virus Inoculate Tissue Addl | | | \$7.22 | |
| 87255 | Genet Virus Isolate Hsv | | | \$37.60 | |
| 87260 | Adenovirus Ag If | | | \$13.18 | |
| 87265 | Pertussis Ag If | | | \$13.18 | |
| 87267 | Enterovirus Antibody Dfa | | | \$13.32 | |
| 87270 | Chlamydia Trachomatis Ag If | | | \$13.18 | |
| 87271 | Cytomegalovirus Dfa | | | \$13.32 | |
| 87272 | Cryptosporidium Ag If | | | \$13.18 | |
| 87274 | Herpes Simplex 1 Ag If | | | \$13.18 | |
| 87276 | Influenza A Ag If | | | \$13.18 | |
| 87278 | Legion Pneumophilia Ag If | | | \$13.18 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 87280 | Respiratory Syncytial Ag If | | | \$13.18 | |
| 87285 | Treponema Pallidum Ag If | | | \$13.18 | |
| 87290 | Varicella Zoster Ag If | | | \$13.18 | |
| 87299 | Antibody Detection Nos If | | | \$13.18 | |
| 87301 | Adenovirus Ag Ia | | | \$13.18 | |
| 87320 | Chylmd Trach Ag Ia | | | \$13.18 | |
| 87324 | Clostridium Ag Ia | | | \$13.18 | |
| 87328 | Cryptosporidium Ag Ia | | | \$13.18 | |
| 87332 | Cytomegalovirus Ag Ia | | | \$13.18 | |
| 87335 | E Coli 0157 Ag Ia | | | \$13.18 | |
| 87338 | Hpylori Stool Ia | | | \$15.98 | |
| 87340 | Hepatitis B Surface Ag Ia | | | \$11.35 | |
| 87350 | Hepatitis Be Ag Ia | | | \$12.66 | |
| 87380 | Hepatitis Delta Ag Ia | | | \$14.37 | |
| 87385 | Histoplasma Capsul Ag Ia | | | \$13.18 | |
| 87389 | Hiv-1 Ag W/Hiv-1 & Hiv-2 Ab | | | \$21.58 | |
| 87390 | Hiv-1 Ag Ia | | | \$11.21 | |
| 87391 | Hiv-2 Ag Ia | | | \$11.21 | |
| 87420 | Resp Syncytial Ag Ia | | | \$13.18 | |
| 87425 | Rotavirus Ag Ia | | | \$13.18 | |
| 87430 | Strep A Ag Ia | | | \$13.18 | |
| 87449 | Ag Detect Nos Ia Mult | | | \$13.18 | |
| 87450 | Ag Detect Nos Ia Single | | | \$10.53 | |
| 87661 | Trichomonas Vaginalis Amplif | | | \$39.64 | |
| 87804 | Influenza Assay W/Optic | | | \$13.18 | |
| 87807 | Rsv Assay W/Optic | | | \$13.32 | |
| 87808 | Trichomonas Assay W/Optic | | | \$13.88 | |
| 87809 | Adenovirus Assay W/Optic | | | \$13.88 | |
| 87810 | Chylmd Trach Assay W/Optic | | | \$13.12 | |
| 87850 | N. Gonorrhoeae Assay W/Optic | | | \$13.12 | |
| 87880 | Strep A Assay W/Optic | | | \$13.12 | |
| 87905 | Sialidase Enzyme Assay | | | \$4.47 | |
| 87999 | Microbiology Procedure | | | M | |
| 88130 | Sex Chromatin Identification | | | \$8.64 | |
| 88140 | Sex Chromatin Identification | | | \$7.10 | |
| 88141 | Cytopath C/V Interpret | | | \$18.23 | |
| 88142 | Cytopath C/V Thin Layer | | | \$22.96 | |
| 88143 | Cytopath C/V Thin Layer Redo | | | \$22.96 | |
| 88147 | Cytopath C/V Automated | | | \$12.29 | |
| 88148 | Cytopath C/V Auto Rescreen | | | \$12.29 | |
| 88155 | Cytopath C/V Index Add-On | | | \$6.57 | |
| 88164 | Cytopath Tbs C/V Manual | | | \$11.61 | |
| 88165 | Cytopath Tbs C/V Redo | | | \$11.61 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 88166 | Cytopath Tbs C/V Auto Redo | | | \$11.61 | |
| 88167 | Cytopath Tbs C/V Select | | | \$11.61 | |
| 88174 | Cytopath C/V Auto In Fluid | | | \$23.74 | |
| 88175 | Cytopath C/V Auto Fluid Redo | | | \$29.27 | |
| 88187 | Flowcytometry/Read 2-8 | | | \$40.41 | |
| 88188 | Flowcytometry/Read 9-15 | | | \$51.51 | |
| 88189 | Flowcytometry/Read 16 & > | | | \$63.19 | |
| 88230 | Tissue Culture Lymphocyte | | | \$121.10 | |
| 88233 | Tissue Culture Skin/Biopsy | | | \$121.10 | |
| 88235 | Tissue Culture Placenta | | | \$121.10 | |
| 88237 | Tissue Culture Bone Marrow | | | \$121.10 | |
| 88239 | Tissue Culture Tumor | | | \$121.10 | |
| 88240 | Cell Cryopreserve/Storage | | | \$9.10 | |
| 88241 | Frozen Cell Preparation | | | \$9.10 | |
| 88245 | Chromosome Analysis 20-25 | | | \$87.32 | |
| 88248 | Chromosome Analysis 50-100 | | | \$121.10 | |
| 88249 | Chromosome Analysis 100 | | | \$121.10 | |
| 88261 | Chromosome Analysis 5 | | | \$194.15 | |
| 88262 | Chromosome Analysis 15-20 | | | \$136.93 | |
| 88263 | Chromosome Analysis 45 | | | \$145.53 | |
| 88264 | Chromosome Analysis 20-25 | | | \$136.93 | |
| 88267 | Chromosome Analys Placenta | | | \$165.99 | |
| 88269 | Chromosome Analys Amniotic | | | \$145.53 | |
| 88271 | Cytogenetics Dna Probe | | | \$16.07 | |
| 88272 | Cytogenetics 3-5 | | | \$28.14 | |
| 88273 | Cytogenetics 10-30 | | | \$35.68 | |
| 88274 | Cytogenetics 25-99 | | | \$38.66 | |
| 88275 | Cytogenetics 100-300 | | | \$44.60 | |
| 88280 | Chromosome Karyotype Study | | | \$25.70 | |
| 88283 | Chromosome Banding Study | | | \$64.97 | |
| 88285 | Chromosome Count Additional | | | \$20.86 | |
| 88289 | Chromosome Study Additional | | | \$37.83 | |
| 88291 | Cyto/Molecular Report | | | \$17.83 | |
| 88299 | Cytogenetic Study | | | M | |
| 88371 | Protein Western Blot Tissue | | | \$19.10 | |
| 88371 | Protein Western Blot Tissue | 26 | | \$10.30 | |
| 88738 | Hgb Quant Transcutaneous | | | \$5.95 | |
| 89050 | Body Fluid Cell Count | | | \$1.82 | |
| 89051 | Body Fluid Cell Count | | | \$4.31 | |
| 89055 | Leukocyte Assessment Fecal | | | \$4.73 | |
| 89060 | Exam Synovial Fluid Crystals | | | \$3.56 | |
| 89060 | Exam Synovial Fluid Crystals | 26 | | \$10.30 | |
| 89125 | Specimen Fat Stain | | | \$2.50 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------------|----------|------------------|
| 89190 | Nasal Smear For Eosinophils | | | \$2.36 | |
| 89220 | Sputum Specimen Collection | | | \$9.11 | |
| 89230 | Collect Sweat For Test | | | \$2.97 | |
| 89331 | Retrograde Ejaculation Anal | | | \$21.65 | |
| 90281 | Human Ig Im | | | M | |
| 90283 | Human Ig Iv | | | M | |
| 90284 | Human Ig Sc | | | M | |
| 90296 | Diphtheria Antitoxin | | | M | |
| 90371 | Hep B Ig Im | | | \$121.92 | |
| 90375 | Rabies Ig Im/Sc | | | \$289.83 | |
| 90376 | Rabies Ig Heat Treated | | | \$279.13 | |
| 90378 | Rsv Mab Im 50mg | | | M | |
| 90384 | Rh Ig Full-Dose Im | | | \$83.74 | |
| 90385 | Rh Ig Minidose Im | | | \$24.39 | |
| 90396 | Varicella-Zoster Ig Im | | | M | |
| 90399 | Immune Globulin | | | M | |
| 90460 | Im Admin 1st/Only Component | | | \$7.00 | |
| 90461 | Im Admin Each Addl Component | | | \$0.00 | |
| 90471 | Immunization Admin | | | \$7.00 | |
| 90472 | Immunization Admin Each Add | | | \$7.00 | |
| 90473 | Immune Admin Oral/Nasal | | | \$3.00 | |
| 90474 | Immune Admin Oral/Nasal Addl | | | \$3.00 | |
| 90620 | Menb Rp W/Omv Vaccine Im | | 10 to 19 years | \$0.00 | |
| 90620 | Menb Rp W/Omv Vaccine Im | | 19 to 26 years | \$169.60 | |
| 90621 | Menb Rlp Vaccine Im | | 10 to 19 years | \$0.00 | |
| 90621 | Menb Rlp Vaccine Im | | 19 to 26 years | \$121.90 | |
| 90630 | Flu Vacc liv4 No Preserv Id | | | \$23.47 | |
| 90632 | Hepa Vaccine Adult Im | | | \$51.77 | |
| 90633 | Hepa Vacc Ped/Adol 2 Dose Im | | | \$0.00 | |
| 90636 | Hep A/Hep B Vacc Adult Im | | | \$96.46 | |
| 90644 | Hib-Mency Vaccine 4 Dose Im | | | \$0.00 | |
| 90647 | Hib Prp-Omp Vacc 3 Dose Im | | | \$0.00 | |
| 90648 | Hib Prp-T Vaccine 4 Dose Im | | | \$0.00 | |
| 90649 | 4vhpv Vaccine 3 Dose Im | | 19 to 27 years | \$155.03 | |
| 90649 | 4vhpv Vaccine 3 Dose Im | | 9 to 19 years | \$0.00 | |
| 90650 | 2vhpv Vaccine 3 Dose Im | | | \$135.68 | |
| 90651 | 9vhpv Vaccine 3 Dose Im | | 19 to 27 years | \$172.08 | |
| 90651 | 9vhpv Vaccine 3 Dose Im | | 9 to 19 years | \$0.00 | |
| 90653 | liv Adjuvant Vaccine Im | | | M | |
| 90654 | Flu Vacc liv3 No Preserv Id | | | \$18.92 | |
| 90655 | liv3 Vacc No Prsv 6-35 Mo Im | | | \$0.00 | |
| 90656 | liv3 Vacc No Prsv 3 Yrs+ Im | | 19 to 124 years | \$13.88 | |
| 90656 | liv3 Vacc No Prsv 3 Yrs+ Im | | 3 to 19 years | \$0.00 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|----------------------|----------|------------------|
| 90657 | liv3 Vaccine 6-35 Months Im | | | \$0.00 | |
| 90658 | liv3 Vaccine 3 Yrs+ Im | | 19 to 124 years | \$11.37 | |
| 90658 | liv3 Vaccine 3 Yrs+ Im | | 3 to 19 years | \$0.00 | |
| 90661 | Cciiv3 Vac Im Cult Prsv Free | | | \$22.29 | |
| 90662 | liv No Prsv Increased Ag Im | | | \$36.32 | |
| 90670 | Pcv13 Vaccine Im | | 19 to 124 years | \$181.06 | |
| 90670 | Pcv13 Vaccine Im | | 42 days to 19 years | \$0.00 | |
| 90672 | Laiv4 Vaccine Intranasal | | 19 to 50 years | \$26.88 | |
| 90672 | Laiv4 Vaccine Intranasal | | 2 to 19 years | \$0.00 | |
| 90673 | Riv3 Vaccine No Preserv Im | | | \$37.19 | |
| 90675 | Rabies Vaccine Im | | | \$273.97 | |
| 90676 | Rabies Vaccine Id | | | \$287.55 | |
| 90680 | Rv5 Vacc 3 Dose Live Oral | | | \$0.00 | |
| 90681 | Rv1 Vacc 2 Dose Live Oral | | | \$0.00 | |
| 90685 | liv4 Vacc No Prsv 6-35 M Im | | | \$0.00 | |
| 90686 | liv4 Vacc No Prsv 3 Yrs+ Im | | 19 to 124 years | \$18.16 | |
| 90686 | liv4 Vacc No Prsv 3 Yrs+ Im | | 3 to 19 years | \$0.00 | |
| 90687 | liv4 Vaccine 6-35 Months Im | | | \$0.00 | |
| 90688 | liv4 Vaccine 3 Yrs Plus Im | | 19 to 124 years | \$18.27 | |
| 90688 | liv4 Vaccine 3 Yrs Plus Im | | 3 to 19 years | \$0.00 | |
| 90691 | Typhoid Vaccine Im | | | \$78.81 | |
| 90696 | Dtap-lpv Vaccine 4-6 Yrs Im | | | \$0.00 | |
| 90698 | Dtap-lpv/Hib Vaccine Im | | | \$0.00 | |
| 90700 | Dtap Vaccine < 7 Yrs Im | | | \$0.00 | |
| 90702 | Dt Vaccine Under 7 Yrs Im | | | \$0.00 | |
| 90707 | Mmr Vaccine Sc | | 1 to 19 years | \$0.00 | |
| 90707 | Mmr Vaccine Sc | | 19 to 124 years | \$53.17 | |
| 90710 | MmrV Vaccine Sc | | | \$0.00 | |
| 90713 | Poliovirus lpv Sc/Im | | 19 to 124 years | \$29.09 | |
| 90713 | Poliovirus lpv Sc/Im | | 42 days to 19 years | \$0.00 | |
| 90714 | Td Vacc No Presv 7 Yrs+ Im | | 19 to 124 years | \$22.07 | |
| 90714 | Td Vacc No Presv 7 Yrs+ Im | | 7 to 19 years | \$0.00 | |
| 90715 | Tdap Vaccine 7 Yrs/> Im | | 19 to 124 years | \$32.55 | |
| 90715 | Tdap Vaccine 7 Yrs/> Im | | 7 to 19 years | \$0.00 | |
| 90716 | Var Vaccine Live Subq | | 1 to 19 years | \$0.00 | |
| 90716 | Var Vaccine Live Subq | | 19 to 124 years | \$88.10 | |
| 90717 | Yellow Fever Vaccine Subq | | | \$91.06 | |
| 90723 | Dtap-Hep B-lpv Vaccine Im | | | \$0.00 | |
| 90732 | Ppsv23 Vacc 2 Yrs+ Subq/Im | | 19 to 124 years | \$89.95 | |
| 90732 | Ppsv23 Vacc 2 Yrs+ Subq/Im | | 2 to 19 years | \$0.00 | |
| 90733 | Mpsv4 Vaccine Subq | | | \$106.49 | |
| 90734 | Menacwy Vaccine Im | | 19 to 56 years | \$82.66 | |
| 90734 | Menacwy Vaccine Im | | 2 months to 19 years | \$0.00 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|----------------|----------|------------------|
| 90736 | Hzv Vaccine Live Subq | | | \$208.95 | |
| 90740 | Hepb Vacc 3 Dose Immunsup Im | | | \$122.96 | |
| 90744 | Hepb Vacc 3 Dose Ped/Adol Im | | 0 to 19 years | \$0.00 | |
| 90744 | Hepb Vacc 3 Dose Ped/Adol Im | | 19 to 20 years | \$25.39 | |
| 90746 | Hepb Vaccine 3 Dose Adult Im | | | \$61.48 | |
| 90747 | Hepb Vacc 4 Dose Immunsup Im | | | \$122.96 | |
| 90748 | Hib-Hepb Vaccine Im | | | \$0.00 | |
| 90749 | Vaccine Toxoid | | | M | |
| 90785 | Psytx Complex Interactive | | | \$7.73 | |
| 90791 | Psych Diagnostic Evaluation | | | \$73.30 | |
| 90792 | Psych Diag Eval W/Med Srvc | | | \$81.02 | |
| 90832 | Psytx Pt&Family 30 Minutes | | | \$35.46 | |
| 90833 | Psytx Pt&Fam W/E&M 30 Min | | | \$36.65 | |
| 90834 | Psytx Pt&Family 45 Minutes | | | \$47.15 | |
| 90836 | Psytx Pt&Fam W/E&M 45 Min | | | \$46.55 | |
| 90837 | Psytx Pt&Family 60 Minutes | | | \$70.92 | |
| 90838 | Psytx Pt&Fam W/E&M 60 Min | | | \$61.41 | |
| 90839 | Psytx Crisis Initial 60 Min | | | \$73.89 | |
| 90840 | Psytx Crisis Ea Addl 30 Min | | | \$35.26 | |
| 90847 | Family Psytx W/Patient | | | \$59.23 | |
| 90853 | Group Psychotherapy | | | \$14.26 | |
| 90887 | Consultation With Family | | | \$49.33 | |
| 92002 | Eye Exam New Patient | | | \$45.17 | |
| 92004 | Eye Exam New Patient | | | \$82.81 | |
| 92012 | Eye Exam Establish Patient | | | \$47.54 | |
| 92014 | Eye Exam&Tx Estab Pt 1/>Vst | | | \$68.94 | |
| 92015 | Determine Refractive State | | | \$11.09 | |
| 92020 | Special Eye Evaluation | | | \$14.86 | |
| 92025 | Corneal Topography | | | \$21.20 | |
| 92025 | Corneal Topography | 26 | | \$11.29 | |
| 92025 | Corneal Topography | TC | | \$9.91 | |
| 92060 | Special Eye Evaluation | | | \$36.25 | |
| 92060 | Special Eye Evaluation | 26 | | \$21.39 | |
| 92060 | Special Eye Evaluation | TC | | \$14.86 | |
| 92065 | Orthoptic/Pleoptic Training | | | \$29.72 | |
| 92065 | Orthoptic/Pleoptic Training | 26 | | \$10.10 | |
| 92065 | Orthoptic/Pleoptic Training | TC | | \$19.61 | |
| 92071 | Contact Lens Fitting For Tx | | | \$21.20 | |
| 92072 | Fit Contac Lens For Managmnt | | | \$75.48 | |
| 92081 | Visual Field Examination(S) | | | \$18.82 | |
| 92081 | Visual Field Examination(S) | 26 | | \$9.11 | |
| 92081 | Visual Field Examination(S) | TC | | \$9.71 | |
| 92082 | Visual Field Examination(S) | | | \$26.74 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 92082 | Visual Field Examination(S) | 26 | | \$12.08 | |
| 92082 | Visual Field Examination(S) | TC | | \$14.66 | |
| 92083 | Visual Field Examination(S) | | | \$35.86 | |
| 92083 | Visual Field Examination(S) | 26 | | \$15.65 | |
| 92083 | Visual Field Examination(S) | TC | | \$20.21 | |
| 92100 | Serial Tonometry Exam(S) | | | \$44.57 | |
| 92132 | Cmptr Ophth Dx Img Ant Segmt | | | \$19.41 | |
| 92132 | Cmptr Ophth Dx Img Ant Segmt | 26 | | \$10.70 | |
| 92132 | Cmptr Ophth Dx Img Ant Segmt | TC | | \$8.72 | |
| 92133 | Cmptr Ophth Img Optic Nerve | | | \$24.56 | |
| 92133 | Cmptr Ophth Img Optic Nerve | 26 | | \$15.65 | |
| 92133 | Cmptr Ophth Img Optic Nerve | TC | | \$8.91 | |
| 92134 | Cptr Ophth Dx Img Post Segmt | | | \$25.16 | |
| 92134 | Cptr Ophth Dx Img Post Segmt | 26 | | \$16.05 | |
| 92134 | Cptr Ophth Dx Img Post Segmt | TC | | \$9.11 | |
| 92136 | Ophthalmic Biometry | | | \$50.32 | |
| 92136 | Ophthalmic Biometry | 26 | | \$17.43 | |
| 92136 | Ophthalmic Biometry | TC | | \$32.88 | |
| 92145 | Corneal Hysteresis Deter | | | \$8.52 | |
| 92145 | Corneal Hysteresis Deter | 26 | | \$4.75 | |
| 92145 | Corneal Hysteresis Deter | TC | | \$3.76 | |
| 92225 | Special Eye Exam Initial | | | \$15.06 | |
| 92226 | Special Eye Exam Subsequent | | | \$13.87 | |
| 92227 | Remote Dx Retinal Imaging | | | \$8.12 | |
| 92228 | Remote Retinal Imaging Mgmt | | | \$19.22 | |
| 92228 | Remote Retinal Imaging Mgmt | 26 | | \$11.69 | |
| 92228 | Remote Retinal Imaging Mgmt | TC | | \$7.53 | |
| 92230 | Eye Exam With Photos | | | \$32.49 | |
| 92235 | Eye Exam With Photos | | | \$61.21 | |
| 92235 | Eye Exam With Photos | 26 | | \$26.35 | |
| 92235 | Eye Exam With Photos | TC | | \$34.87 | |
| 92240 | Icg Angiography | | | \$142.43 | |
| 92240 | Icg Angiography | 26 | | \$35.86 | |
| 92240 | Icg Angiography | TC | | \$106.58 | |
| 92250 | Eye Exam With Photos | | | \$43.98 | |
| 92250 | Eye Exam With Photos | 26 | | \$13.47 | |
| 92250 | Eye Exam With Photos | TC | | \$30.51 | |
| 92260 | Ophthalmoscopy/Dynamometry | | | \$10.30 | |
| 92265 | Eye Muscle Evaluation | | | \$44.18 | |
| 92265 | Eye Muscle Evaluation | 26 | | \$24.17 | |
| 92265 | Eye Muscle Evaluation | TC | | \$20.01 | |
| 92270 | Electro-Oculography | | | \$51.11 | |
| 92270 | Electro-Oculography | 26 | | \$23.18 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 92270 | Electro-Oculography | TC | | \$27.93 | |
| 92275 | Electroretinography | | | \$82.81 | |
| 92275 | Electroretinography | 26 | | \$30.31 | |
| 92275 | Electroretinography | TC | | \$52.50 | |
| 92283 | Color Vision Examination | | | \$30.90 | |
| 92283 | Color Vision Examination | 26 | | \$5.15 | |
| 92283 | Color Vision Examination | TC | | \$25.75 | |
| 92284 | Dark Adaptation Eye Exam | | | \$34.27 | |
| 92284 | Dark Adaptation Eye Exam | 26 | | \$6.93 | |
| 92284 | Dark Adaptation Eye Exam | TC | | \$27.34 | |
| 92285 | Eye Photography | | | \$11.49 | |
| 92285 | Eye Photography | 26 | | \$1.78 | |
| 92285 | Eye Photography | TC | | \$9.71 | |
| 92286 | Internal Eye Photography | | | \$21.39 | |
| 92286 | Internal Eye Photography | 26 | | \$12.48 | |
| 92286 | Internal Eye Photography | TC | | \$8.91 | |
| 92287 | Internal Eye Photography | | | \$76.86 | |
| 92287 | Internal Eye Photography | 26 | | \$26.15 | |
| 92287 | Internal Eye Photography | TC | | \$50.71 | |
| 92310 | Contact Lens Fitting | | | \$53.49 | |
| 92311 | Contact Lens Fitting | | | \$56.46 | |
| 92312 | Contact Lens Fitting | | | \$64.98 | |
| 92313 | Contact Lens Fitting | | | \$54.08 | |
| 92326 | Replacement Of Contact Lens | | | \$18.01 | |
| 92340 | Fit Spectacles Monofocal | | | \$19.81 | |
| 92341 | Fit Spectacles Bifocal | | | \$22.58 | |
| 92342 | Fit Spectacles Multifocal | | | \$24.37 | |
| 92352 | Fit Aphakia Spectcl Monofocl | | | \$22.58 | |
| 92353 | Fit Aphakia Spectcl Multifoc | | | \$26.35 | |
| 92370 | Repair & Adjust Spectacles | | | \$17.23 | |
| 92371 | Repair & Adjust Spectacles | | | \$6.54 | |
| 92507 | Speech/Hearing Therapy | | | \$44.18 | |
| 92508 | Speech/Hearing Therapy | | | \$13.07 | |
| 92511 | Nasopharyngoscopy | | | \$63.00 | |
| 92521 | Evaluation Of Speech Fluency | | | \$62.01 | |
| 92522 | Evaluate Speech Production | | | \$51.70 | |
| 92523 | Speech Sound Lang Comprehen | | | \$108.36 | |
| 92524 | Behavral Qualit Analys Voice | | | \$50.12 | |
| 92537 | Caloric Vstblr Test W/Rec | | | \$22.58 | |
| 92537 | Caloric Vstblr Test W/Rec | 26 | | \$17.83 | |
| 92537 | Caloric Vstblr Test W/Rec | TC | | \$4.75 | |
| 92538 | Caloric Vstblr Test W/Rec | | | \$11.49 | |
| 92538 | Caloric Vstblr Test W/Rec | 26 | | \$8.91 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 92538 | Caloric Vstblr Test W/Rec | TC | | \$2.58 | |
| 92541 | Spontaneous Nystagmus Test | | | \$13.47 | |
| 92541 | Spontaneous Nystagmus Test | 26 | | \$11.69 | |
| 92541 | Spontaneous Nystagmus Test | TC | | \$1.78 | |
| 92542 | Positional Nystagmus Test | | | \$15.65 | |
| 92542 | Positional Nystagmus Test | 26 | | \$14.07 | |
| 92542 | Positional Nystagmus Test | TC | | \$1.58 | |
| 92544 | Optokinetic Nystagmus Test | | | \$9.31 | |
| 92544 | Optokinetic Nystagmus Test | 26 | | \$7.92 | |
| 92544 | Optokinetic Nystagmus Test | TC | | \$1.39 | |
| 92545 | Oscillating Tracking Test | | | \$8.52 | |
| 92545 | Oscillating Tracking Test | 26 | | \$7.33 | |
| 92545 | Oscillating Tracking Test | TC | | \$1.19 | |
| 92546 | Sinusoidal Rotational Test | | | \$57.65 | |
| 92546 | Sinusoidal Rotational Test | 26 | | \$8.32 | |
| 92546 | Sinusoidal Rotational Test | TC | | \$49.33 | |
| 92547 | Supplemental Electrical Test | | | \$3.37 | |
| 92548 | Posturography | | | \$57.25 | |
| 92548 | Posturography | 26 | | \$14.66 | |
| 92548 | Posturography | TC | | \$42.59 | |
| 92550 | Tympanometry & Reflex Thresh | | | \$11.89 | |
| 92551 | Pure Tone Hearing Test Air | | | \$6.74 | |
| 92552 | Pure Tone Audiometry Air | | | \$17.43 | |
| 92553 | Audiometry Air & Bone | | | \$20.80 | |
| 92555 | Speech Threshold Audiometry | | | \$13.07 | |
| 92556 | Speech Audiometry Complete | | | \$20.80 | |
| 92557 | Comprehensive Hearing Test | | | \$21.00 | |
| 92561 | Bekesy Audiometry Diagnosis | | | \$21.20 | |
| 92562 | Loudness Balance Test | | | \$25.95 | |
| 92563 | Tone Decay Hearing Test | | | \$17.23 | |
| 92564 | Sisi Hearing Test | | | \$15.65 | |
| 92565 | Stenger Test Pure Tone | | | \$8.91 | |
| 92567 | Tympanometry | | | \$8.12 | |
| 92568 | Acoustic Refl Threshold Tst | | | \$8.91 | |
| 92570 | Acoustic Immitance Testing | | | \$18.03 | |
| 92571 | Filtered Speech Hearing Test | | | \$15.25 | |
| 92575 | Sensorineural Acuity Test | | | \$40.41 | |
| 92576 | Synthetic Sentence Test | | | \$20.01 | |
| 92577 | Stenger Test Speech | | | \$9.31 | |
| 92579 | Visual Audiometry (Vra) | | | \$23.57 | |
| 92582 | Conditioning Play Audiometry | | | \$37.84 | |
| 92587 | Evoked Auditory Test Limited | | | \$12.08 | |
| 92587 | Evoked Auditory Test Limited | 26 | | \$10.30 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 92587 | Evoked Auditory Test Limited | TC | | \$1.78 | |
| 92588 | Evoked Auditory Tst Complete | | | \$18.42 | |
| 92588 | Evoked Auditory Tst Complete | 26 | | \$16.24 | |
| 92588 | Evoked Auditory Tst Complete | TC | | \$2.18 | |
| 92590 | Hearing Aid Exam One Ear | | | \$45.02 | |
| 92591 | Hearing Aid Exam Both Ears | | | \$45.02 | |
| 92594 | Electro Hearng Aid Test One | | | \$13.04 | |
| 92595 | Electro Hearng Aid Tst Both | | | \$26.10 | |
| 92601 | Cochlear Implt F/Up Exam <7 | | | \$79.24 | |
| 92602 | Reprogram Cochlear Implt 7/> | | | \$50.12 | |
| 92603 | Cochlear Implt F/Up Exam 7/> | | | \$84.79 | |
| 92604 | Reprogram Cochlear Implt 7/> | | | \$50.12 | |
| 92612 | Endoscopy Swallow Tst (Fees) | | | \$104.40 | |
| 92614 | Laryngoscopic Sensory Test | | | \$81.82 | |
| 92616 | Fees W/Laryngeal Sense Test | | | \$116.88 | |
| 92625 | Tinnitus Assessment | | | \$39.22 | |
| 92626 | Eval Aud Rehab Status | | | \$50.12 | |
| 92627 | Eval Aud Status Rehab Add-On | | | \$12.48 | |
| 92630 | Aud Rehab Pre-Ling Hear Loss | | | \$32.68 | |
| 92633 | Aud Rehab Postling Hear Loss | | | \$32.68 | |
| 92950 | Heart/Lung Resuscitation Cpr | | | \$170.56 | |
| 92960 | Cardioversion Electric Ext | | | \$115.49 | |
| 93000 | Electrocardiogram Complete | | | \$9.51 | |
| 93005 | Electrocardiogram Tracing | | | \$4.75 | |
| 93010 | Electrocardiogram Report | | | \$4.75 | |
| 93040 | Rhythm Ecg With Report | | | \$7.13 | |
| 93041 | Rhythm Ecg Tracing | | | \$3.17 | |
| 93042 | Rhythm Ecg Report | | | \$3.96 | |
| 93224 | Ecg Monit/Reprt Up To 48 Hrs | | | \$50.91 | |
| 93225 | Ecg Monit/Reprt Up To 48 Hrs | | | \$14.86 | |
| 93226 | Ecg Monit/Reprt Up To 48 Hrs | | | \$21.20 | |
| 93227 | Ecg Monit/Reprt Up To 48 Hrs | | | \$14.86 | |
| 93228 | Remote 30 Day Ecg Rev/Report | | | \$14.66 | |
| 93229 | Remote 30 Day Ecg Tech Supp | | | \$406.11 | |
| 93260 | Prgmg Dev Eval Impltbl Sys | | | \$37.44 | |
| 93260 | Prgmg Dev Eval Impltbl Sys | 26 | | \$25.16 | |
| 93260 | Prgmg Dev Eval Impltbl Sys | TC | | \$12.28 | |
| 93261 | Interrogate Subq Defib | | | \$33.88 | |
| 93261 | Interrogate Subq Defib | 26 | | \$21.59 | |
| 93261 | Interrogate Subq Defib | TC | | \$12.28 | |
| 93268 | Ecg Record/Review | | | \$114.70 | |
| 93270 | Remote 30 Day Ecg Rev/Report | | | \$5.15 | |
| 93271 | Ecg/Monitoring And Analysis | | | \$95.29 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 93272 | Ecg/Review Interpret Only | | | \$14.26 | |
| 93278 | Ecg/Signal-Averaged | | | \$16.84 | |
| 93278 | Ecg/Signal-Averaged | 26 | | \$6.93 | |
| 93278 | Ecg/Signal-Averaged | TC | | \$9.91 | |
| 93279 | Pm Device Progr Eval Sngl | | | \$27.73 | |
| 93279 | Pm Device Progr Eval Sngl | 26 | | \$18.03 | |
| 93279 | Pm Device Progr Eval Sngl | TC | | \$9.71 | |
| 93280 | Pm Device Progr Eval Dual | | | \$32.49 | |
| 93280 | Pm Device Progr Eval Dual | 26 | | \$21.59 | |
| 93280 | Pm Device Progr Eval Dual | TC | | \$10.90 | |
| 93281 | Pm Device Progr Eval Multi | | | \$38.04 | |
| 93281 | Pm Device Progr Eval Multi | 26 | | \$25.16 | |
| 93281 | Pm Device Progr Eval Multi | TC | | \$12.88 | |
| 93282 | Prgrmg Eval Implantable Dfb | | | \$35.06 | |
| 93282 | Prgrmg Eval Implantable Dfb | 26 | | \$23.77 | |
| 93282 | Prgrmg Eval Implantable Dfb | TC | | \$11.29 | |
| 93283 | Prgrmg Eval Implantable Dfb | | | \$45.56 | |
| 93283 | Prgrmg Eval Implantable Dfb | 26 | | \$32.29 | |
| 93283 | Prgrmg Eval Implantable Dfb | TC | | \$13.27 | |
| 93284 | Prgrmg Eval Implantable Dfb | | | \$50.32 | |
| 93284 | Prgrmg Eval Implantable Dfb | 26 | | \$35.26 | |
| 93284 | Prgrmg Eval Implantable Dfb | TC | | \$15.06 | |
| 93285 | Ilr Device Eval Progr | | | \$23.57 | |
| 93285 | Ilr Device Eval Progr | 26 | | \$14.66 | |
| 93285 | Ilr Device Eval Progr | TC | | \$8.91 | |
| 93286 | Peri-Px Pacemaker Device Evi | | | \$15.25 | |
| 93286 | Peri-Px Pacemaker Device Evi | 26 | | \$8.52 | |
| 93286 | Peri-Px Pacemaker Device Evi | TC | | \$6.74 | |
| 93287 | Peri-Px Device Eval & Prgr | | | \$20.21 | |
| 93287 | Peri-Px Device Eval & Prgr | 26 | | \$12.88 | |
| 93287 | Peri-Px Device Eval & Prgr | TC | | \$7.33 | |
| 93288 | Pm Device Eval In Person | | | \$20.60 | |
| 93288 | Pm Device Eval In Person | 26 | | \$11.89 | |
| 93288 | Pm Device Eval In Person | TC | | \$8.72 | |
| 93289 | Interrog Device Eval Heart | | | \$36.45 | |
| 93289 | Interrog Device Eval Heart | 26 | | \$25.55 | |
| 93289 | Interrog Device Eval Heart | TC | | \$10.90 | |
| 93290 | Icm Device Eval | | | \$17.43 | |
| 93290 | Icm Device Eval | 26 | | \$12.08 | |
| 93290 | Icm Device Eval | TC | | \$5.35 | |
| 93291 | Ilr Device Interrogate | | | \$20.21 | |
| 93291 | Ilr Device Interrogate | 26 | | \$12.08 | |
| 93291 | Ilr Device Interrogate | TC | | \$8.12 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 93292 | Wcd Device Interrogate | | | \$18.23 | |
| 93292 | Wcd Device Interrogate | 26 | | \$12.08 | |
| 93292 | Wcd Device Interrogate | TC | | \$6.14 | |
| 93293 | Pm Phone R-Strip Device Eval | | | \$29.72 | |
| 93293 | Pm Phone R-Strip Device Eval | 26 | | \$8.72 | |
| 93293 | Pm Phone R-Strip Device Eval | TC | | \$21.00 | |
| 93294 | Pm Device Interrogate Remote | | | \$19.02 | |
| 93295 | Dev Interrog Remote 1/2/Mlt | | | \$37.84 | |
| 93296 | Pm/lcd Remote Tech Serv | | | \$14.46 | |
| 93297 | Icm Device Interrogat Remote | | | \$14.86 | |
| 93298 | Ilr Device Interrogat Remote | | | \$14.86 | |
| 93299 | Icm/Ilr Remote Tech Serv | | | \$72.61 | |
| 93303 | Echo Transthoracic | | | \$133.32 | |
| 93303 | Echo Transthoracic | 26 | | \$35.86 | |
| 93303 | Echo Transthoracic | TC | | \$97.47 | |
| 93304 | Echo Transthoracic | | | \$87.16 | |
| 93304 | Echo Transthoracic | 26 | | \$20.60 | |
| 93304 | Echo Transthoracic | TC | | \$66.56 | |
| 93306 | Tte W/Doppler Complete | | | \$127.38 | |
| 93306 | Tte W/Doppler Complete | 26 | | \$35.66 | |
| 93306 | Tte W/Doppler Complete | TC | | \$91.72 | |
| 93307 | Tte W/O Doppler Complete | | | \$72.90 | |
| 93307 | Tte W/O Doppler Complete | 26 | | \$25.36 | |
| 93307 | Tte W/O Doppler Complete | TC | | \$47.54 | |
| 93308 | Tte F-Up Or Lmted | | | \$69.73 | |
| 93308 | Tte F-Up Or Lmted | 26 | | \$14.46 | |
| 93308 | Tte F-Up Or Lmted | TC | | \$55.27 | |
| 93320 | Doppler Echo Exam Heart | | | \$30.31 | |
| 93320 | Doppler Echo Exam Heart | 26 | | \$10.30 | |
| 93320 | Doppler Echo Exam Heart | TC | | \$20.01 | |
| 93321 | Doppler Echo Exam Heart | | | \$15.25 | |
| 93321 | Doppler Echo Exam Heart | 26 | | \$4.16 | |
| 93321 | Doppler Echo Exam Heart | TC | | \$11.09 | |
| 93325 | Doppler Color Flow Add-On | | | \$14.26 | |
| 93325 | Doppler Color Flow Add-On | 26 | | \$1.78 | |
| 93325 | Doppler Color Flow Add-On | TC | | \$12.48 | |
| 93350 | Stress Tte Only | | | \$134.71 | |
| 93350 | Stress Tte Only | 26 | | \$40.02 | |
| 93350 | Stress Tte Only | TC | | \$94.69 | |
| 93922 | Upr/L Xtremity Art 2 Levels | | | \$50.12 | |
| 93922 | Upr/L Xtremity Art 2 Levels | 26 | | \$7.13 | |
| 93922 | Upr/L Xtremity Art 2 Levels | TC | | \$42.99 | |
| 93923 | Upr/Lxtr Art Stdy 3+ Lvls | | | \$78.05 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|--------------------------|----------|-----------|----------|------------------|
| 93923 | Upr/Lxtr Art Stdy 3+ Lvl | 26 | | \$12.68 | |
| 93923 | Upr/Lxtr Art Stdy 3+ Lvl | TC | | \$65.37 | |
| 93924 | Lwr Xtr Vasc Stdy Bilat | | | \$97.86 | |
| 93924 | Lwr Xtr Vasc Stdy Bilat | 26 | | \$14.07 | |
| 93924 | Lwr Xtr Vasc Stdy Bilat | TC | | \$83.80 | |
| 93925 | Lower Extremity Study | | | \$146.59 | |
| 93925 | Lower Extremity Study | 26 | | \$22.19 | |
| 93925 | Lower Extremity Study | TC | | \$124.41 | |
| 93926 | Lower Extremity Study | | | \$86.37 | |
| 93926 | Lower Extremity Study | 26 | | \$13.67 | |
| 93926 | Lower Extremity Study | TC | | \$72.70 | |
| 93930 | Upper Extremity Study | | | \$117.87 | |
| 93930 | Upper Extremity Study | 26 | | \$22.58 | |
| 93930 | Upper Extremity Study | TC | | \$95.29 | |
| 93931 | Upper Extremity Study | | | \$72.90 | |
| 93931 | Upper Extremity Study | 26 | | \$14.07 | |
| 93931 | Upper Extremity Study | TC | | \$58.84 | |
| 93965 | Extremity Study | | | \$67.55 | |
| 93965 | Extremity Study | 26 | | \$9.91 | |
| 93965 | Extremity Study | TC | | \$57.65 | |
| 93970 | Extremity Study | | | \$111.13 | |
| 93970 | Extremity Study | 26 | | \$19.61 | |
| 93970 | Extremity Study | TC | | \$91.52 | |
| 93971 | Extremity Study | | | \$67.95 | |
| 93971 | Extremity Study | 26 | | \$12.68 | |
| 93971 | Extremity Study | TC | | \$55.27 | |
| 93975 | Vascular Study | | | \$159.27 | |
| 93975 | Vascular Study | 26 | | \$32.69 | |
| 93975 | Vascular Study | TC | | \$126.59 | |
| 93976 | Vascular Study | | | \$91.92 | |
| 93976 | Vascular Study | 26 | | \$22.58 | |
| 93976 | Vascular Study | TC | | \$69.34 | |
| 93978 | Vascular Study | | | \$108.16 | |
| 93978 | Vascular Study | 26 | | \$22.58 | |
| 93978 | Vascular Study | TC | | \$85.58 | |
| 93979 | Vascular Study | | | \$67.75 | |
| 93979 | Vascular Study | 26 | | \$14.07 | |
| 93979 | Vascular Study | TC | | \$53.69 | |
| 93980 | Penile Vascular Study | | | \$67.75 | |
| 93980 | Penile Vascular Study | 26 | | \$34.47 | |
| 93980 | Penile Vascular Study | TC | | \$33.28 | |
| 93981 | Penile Vascular Study | | | \$41.20 | |
| 93981 | Penile Vascular Study | 26 | | \$12.48 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 93981 | Penile Vascular Study | TC | | \$28.72 | |
| 94010 | Breathing Capacity Test | | | \$20.21 | |
| 94010 | Breathing Capacity Test | 26 | | \$4.75 | |
| 94010 | Breathing Capacity Test | TC | | \$15.45 | |
| 94060 | Evaluation Of Wheezing | | | \$34.07 | |
| 94060 | Evaluation Of Wheezing | 26 | | \$7.33 | |
| 94060 | Evaluation Of Wheezing | TC | | \$26.74 | |
| 94070 | Evaluation Of Wheezing | | | \$33.48 | |
| 94070 | Evaluation Of Wheezing | 26 | | \$16.24 | |
| 94070 | Evaluation Of Wheezing | TC | | \$17.23 | |
| 94150 | Vital Capacity Test | | | \$14.07 | |
| 94150 | Vital Capacity Test | 26 | | \$2.18 | |
| 94150 | Vital Capacity Test | TC | | \$11.89 | |
| 94200 | Lung Function Test (Mbc/Mvv) | | | \$14.07 | |
| 94200 | Lung Function Test (Mbc/Mvv) | 26 | | \$3.17 | |
| 94200 | Lung Function Test (Mbc/Mvv) | TC | | \$10.90 | |
| 94250 | Expired Gas Collection | | | \$14.66 | |
| 94250 | Expired Gas Collection | 26 | | \$2.97 | |
| 94250 | Expired Gas Collection | TC | | \$11.69 | |
| 94375 | Respiratory Flow Volume Loop | | | \$21.99 | |
| 94375 | Respiratory Flow Volume Loop | 26 | | \$8.32 | |
| 94375 | Respiratory Flow Volume Loop | TC | | \$13.67 | |
| 94400 | Co2 Breathing Response Curve | | | \$31.30 | |
| 94400 | Co2 Breathing Response Curve | 26 | | \$11.09 | |
| 94400 | Co2 Breathing Response Curve | TC | | \$20.21 | |
| 94450 | Hypoxia Response Curve | | | \$38.23 | |
| 94450 | Hypoxia Response Curve | 26 | | \$11.29 | |
| 94450 | Hypoxia Response Curve | TC | | \$26.94 | |
| 94620 | Pulmonary Stress Test/Simple | | | \$31.50 | |
| 94620 | Pulmonary Stress Test/Simple | 26 | | \$17.23 | |
| 94620 | Pulmonary Stress Test/Simple | TC | | \$14.26 | |
| 94621 | Pulm Stress Test/Complex | | | \$91.52 | |
| 94621 | Pulm Stress Test/Complex | 26 | | \$38.83 | |
| 94621 | Pulm Stress Test/Complex | TC | | \$52.69 | |
| 94640 | Airway Inhalation Treatment | | | \$10.30 | |
| 94667 | Chest Wall Manipulation | | | \$14.66 | |
| 94668 | Chest Wall Manipulation | | | \$16.24 | |
| 94669 | Mechanical Chest Wall Oscill | | | \$18.42 | |
| 94680 | Exhaled Air Analysis O2 | | | \$32.09 | |
| 94680 | Exhaled Air Analysis O2 | 26 | | \$7.13 | |
| 94680 | Exhaled Air Analysis O2 | TC | | \$24.96 | |
| 94681 | Exhaled Air Analysis O2/Co2 | | | \$29.52 | |
| 94681 | Exhaled Air Analysis O2/Co2 | 26 | | \$5.55 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| 94681 | Exhaled Air Analysis O2/Co2 | TC | | \$23.97 | |
| 94690 | Exhaled Air Analysis | | | \$27.93 | |
| 94690 | Exhaled Air Analysis | 26 | | \$2.18 | |
| 94690 | Exhaled Air Analysis | TC | | \$25.75 | |
| 94726 | Pulm Funct Tst Plethysmograp | | | \$29.52 | |
| 94726 | Pulm Funct Tst Plethysmograp | 26 | | \$6.93 | |
| 94726 | Pulm Funct Tst Plethysmograp | TC | | \$22.58 | |
| 94727 | Pulm Function Test By Gas | | | \$23.57 | |
| 94727 | Pulm Function Test By Gas | 26 | | \$6.93 | |
| 94727 | Pulm Function Test By Gas | TC | | \$16.64 | |
| 94728 | Pulm Funct Test Oscillometry | | | \$22.58 | |
| 94728 | Pulm Funct Test Oscillometry | 26 | | \$7.13 | |
| 94728 | Pulm Funct Test Oscillometry | TC | | \$15.45 | |
| 94729 | Co/Membrane Diffuse Capacity | | | \$30.51 | |
| 94729 | Co/Membrane Diffuse Capacity | 26 | | \$5.15 | |
| 94729 | Co/Membrane Diffuse Capacity | TC | | \$25.36 | |
| 94750 | Pulmonary Compliance Study | | | \$45.17 | |
| 94750 | Pulmonary Compliance Study | 26 | | \$6.34 | |
| 94750 | Pulmonary Compliance Study | TC | | \$38.83 | |
| 94772 | Breath Recording Infant | | | M | |
| 94772 | Breath Recording Infant | 26 | | \$40.54 | |
| 94772 | Breath Recording Infant | TC | | M | |
| 94776 | Ped Home Apnea Rec Downld | | | \$93.03 | |
| 94777 | Ped Home Apnea Rec Report | | | \$30.65 | |
| 95004 | Percut Allergy Skin Tests | | | \$3.76 | |
| 95012 | Exhaled Nitric Oxide Meas | | | \$10.70 | |
| 95017 | Perq & Icut Allg Test Venoms | | | \$4.36 | |
| 95018 | Perq&Ic Allg Test Drugs/Biol | | | \$11.49 | |
| 95024 | Icut Allergy Test Drug/Bug | | | \$4.36 | |
| 95027 | Icut Allergy Titrate-Airborn | | | \$2.58 | |
| 95028 | Icut Allergy Test-Delayed | | | \$7.53 | |
| 95044 | Allergy Patch Tests | | | \$3.17 | |
| 95052 | Photo Patch Test | | | \$3.76 | |
| 95056 | Photosensitivity Tests | | | \$24.76 | |
| 95060 | Eye Allergy Tests | | | \$19.61 | |
| 95065 | Nose Allergy Test | | | \$14.26 | |
| 95070 | Bronchial Allergy Tests | | | \$17.04 | |
| 95071 | Bronchial Allergy Tests | | | \$19.61 | |
| 95076 | Ingest Challenge Ini 120 Min | | | \$65.17 | |
| 95079 | Ingest Challenge Addl 60 Min | | | \$46.36 | |
| 95115 | Immunotherapy One Injection | | | \$4.95 | |
| 95117 | Immunotherapy Injections | | | \$5.74 | |
| 95145 | Antigen Therapy Services | | | \$12.08 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 95146 | Antigen Therapy Services | | | \$21.79 | |
| 95147 | Antigen Therapy Services | | | \$19.61 | |
| 95148 | Antigen Therapy Services | | | \$29.12 | |
| 95149 | Antigen Therapy Services | | | \$39.22 | |
| 95165 | Antigen Therapy Services | | | \$7.13 | |
| 95180 | Rapid Desensitization | | | \$74.88 | |
| 95199 | Allergy Immunology Services | | | M | |
| 95250 | Glucose Monitoring Cont | | | \$88.35 | |
| 95251 | Gluc Monitor Cont Phys I&R | | | \$24.37 | |
| 95812 | Eeg 41-60 Minutes | | | \$195.33 | |
| 95812 | Eeg 41-60 Minutes | 26 | | \$32.49 | |
| 95812 | Eeg 41-60 Minutes | TC | | \$162.84 | |
| 95813 | Eeg Over 1 Hour | | | \$236.73 | |
| 95813 | Eeg Over 1 Hour | 26 | | \$51.90 | |
| 95813 | Eeg Over 1 Hour | TC | | \$184.83 | |
| 95816 | Eeg Awake And Drowsy | | | \$202.85 | |
| 95816 | Eeg Awake And Drowsy | 26 | | \$32.49 | |
| 95816 | Eeg Awake And Drowsy | TC | | \$170.37 | |
| 95819 | Eeg Awake And Asleep | | | \$231.98 | |
| 95819 | Eeg Awake And Asleep | 26 | | \$32.49 | |
| 95819 | Eeg Awake And Asleep | TC | | \$199.49 | |
| 95822 | Eeg Coma Or Sleep Only | | | \$209.00 | |
| 95822 | Eeg Coma Or Sleep Only | 26 | | \$32.49 | |
| 95822 | Eeg Coma Or Sleep Only | TC | | \$176.51 | |
| 95824 | Eeg Cerebral Death Only | | | \$23.61 | |
| 95824 | Eeg Cerebral Death Only | 26 | | \$22.19 | |
| 95824 | Eeg Cerebral Death Only | TC | | \$1.42 | |
| 95827 | Eeg All Night Recording | | | \$390.85 | |
| 95827 | Eeg All Night Recording | 26 | | \$32.29 | |
| 95827 | Eeg All Night Recording | TC | | \$358.56 | |
| 95851 | Range Of Motion Measurements | | | \$10.30 | |
| 95852 | Range Of Motion Measurements | | | \$9.11 | |
| 95857 | Cholinesterase Challenge | | | \$30.31 | |
| 95860 | Muscle Test One Limb | | | \$68.34 | |
| 95860 | Muscle Test One Limb | 26 | | \$29.12 | |
| 95860 | Muscle Test One Limb | TC | | \$39.22 | |
| 95861 | Muscle Test 2 Limbs | | | \$96.08 | |
| 95861 | Muscle Test 2 Limbs | 26 | | \$46.75 | |
| 95861 | Muscle Test 2 Limbs | TC | | \$49.33 | |
| 95863 | Muscle Test 3 Limbs | | | \$119.26 | |
| 95863 | Muscle Test 3 Limbs | 26 | | \$56.26 | |
| 95863 | Muscle Test 3 Limbs | TC | | \$63.00 | |
| 95864 | Muscle Test 4 Limbs | | | \$134.71 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 95864 | Muscle Test 4 Limbs | 26 | | \$61.01 | |
| 95864 | Muscle Test 4 Limbs | TC | | \$73.69 | |
| 95865 | Muscle Test Larynx | | | \$80.82 | |
| 95865 | Muscle Test Larynx | 26 | | \$47.74 | |
| 95865 | Muscle Test Larynx | TC | | \$33.08 | |
| 95866 | Muscle Test Hemidiaphragm | | | \$74.88 | |
| 95866 | Muscle Test Hemidiaphragm | 26 | | \$37.84 | |
| 95866 | Muscle Test Hemidiaphragm | TC | | \$37.04 | |
| 95867 | Muscle Test Cran Nerv Unilat | | | \$52.89 | |
| 95867 | Muscle Test Cran Nerv Unilat | 26 | | \$23.57 | |
| 95867 | Muscle Test Cran Nerv Unilat | TC | | \$29.32 | |
| 95868 | Muscle Test Cran Nerve Bilat | | | \$74.29 | |
| 95868 | Muscle Test Cran Nerve Bilat | 26 | | \$35.66 | |
| 95868 | Muscle Test Cran Nerve Bilat | TC | | \$38.63 | |
| 95869 | Muscle Test Thor Paraspinal | | | \$52.10 | |
| 95869 | Muscle Test Thor Paraspinal | 26 | | \$11.29 | |
| 95869 | Muscle Test Thor Paraspinal | TC | | \$40.81 | |
| 95870 | Muscle Test Nonparaspinal | | | \$52.10 | |
| 95870 | Muscle Test Nonparaspinal | 26 | | \$11.09 | |
| 95870 | Muscle Test Nonparaspinal | TC | | \$41.01 | |
| 95872 | Muscle Test One Fiber | | | \$109.95 | |
| 95872 | Muscle Test One Fiber | 26 | | \$86.57 | |
| 95872 | Muscle Test One Fiber | TC | | \$23.38 | |
| 95873 | Guide Nerv Destr Elec Stim | | | \$41.20 | |
| 95873 | Guide Nerv Destr Elec Stim | 26 | | \$11.29 | |
| 95873 | Guide Nerv Destr Elec Stim | TC | | \$29.91 | |
| 95874 | Guide Nerv Destr Needle Emg | | | \$41.01 | |
| 95874 | Guide Nerv Destr Needle Emg | 26 | | \$11.29 | |
| 95874 | Guide Nerv Destr Needle Emg | TC | | \$29.72 | |
| 95885 | Musc Tst Done W/Nerv Tst Lim | | | \$32.88 | |
| 95885 | Musc Tst Done W/Nerv Tst Lim | 26 | | \$10.70 | |
| 95885 | Musc Tst Done W/Nerv Tst Lim | TC | | \$22.19 | |
| 95886 | Musc Test Done W/N Test Comp | | | \$51.11 | |
| 95886 | Musc Test Done W/N Test Comp | 26 | | \$26.15 | |
| 95886 | Musc Test Done W/N Test Comp | TC | | \$24.96 | |
| 95887 | Musc Tst Done W/N Tst Nonext | | | \$45.36 | |
| 95887 | Musc Tst Done W/N Tst Nonext | 26 | | \$21.39 | |
| 95887 | Musc Tst Done W/N Tst Nonext | TC | | \$23.97 | |
| 95907 | Nvr Cndj Tst 1-2 Studies | | | \$53.49 | |
| 95907 | Nvr Cndj Tst 1-2 Studies | 26 | | \$30.11 | |
| 95907 | Nvr Cndj Tst 1-2 Studies | TC | | \$23.38 | |
| 95908 | Nrv Cndj Tst 3-4 Studies | | | \$66.36 | |
| 95908 | Nrv Cndj Tst 3-4 Studies | 26 | | \$37.64 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|-------------------------------|----------|-----------|----------|------------------|
| 95908 | Nrv Cndj Tst 3-4 Studies | TC | | \$28.72 | |
| 95909 | Nrv Cndj Tst 5-6 Studies | | | \$80.82 | |
| 95909 | Nrv Cndj Tst 5-6 Studies | 26 | | \$45.17 | |
| 95909 | Nrv Cndj Tst 5-6 Studies | TC | | \$35.66 | |
| 95910 | Nrv Cndj Test 7-8 Studies | | | \$107.77 | |
| 95910 | Nrv Cndj Test 7-8 Studies | 26 | | \$60.42 | |
| 95910 | Nrv Cndj Test 7-8 Studies | TC | | \$47.35 | |
| 95911 | Nrv Cndj Test 9-10 Studies | | | \$130.15 | |
| 95911 | Nrv Cndj Test 9-10 Studies | 26 | | \$75.48 | |
| 95911 | Nrv Cndj Test 9-10 Studies | TC | | \$54.68 | |
| 95912 | Nrv Cndj Test 11-12 Studies | | | \$145.60 | |
| 95912 | Nrv Cndj Test 11-12 Studies | 26 | | \$89.54 | |
| 95912 | Nrv Cndj Test 11-12 Studies | TC | | \$56.06 | |
| 95913 | Nrv Cndj Test 13/> Studies | | | \$166.60 | |
| 95913 | Nrv Cndj Test 13/> Studies | 26 | | \$105.98 | |
| 95913 | Nrv Cndj Test 13/> Studies | TC | | \$60.62 | |
| 95921 | Autonomic Nrv Parasymp Inervj | | | \$48.34 | |
| 95921 | Autonomic Nrv Parasymp Inervj | 26 | | \$25.55 | |
| 95921 | Autonomic Nrv Parasymp Inervj | TC | | \$22.78 | |
| 95922 | Autonomic Nrv Adrenrg Inervj | | | \$56.46 | |
| 95922 | Autonomic Nrv Adrenrg Inervj | 26 | | \$27.34 | |
| 95922 | Autonomic Nrv Adrenrg Inervj | TC | | \$29.12 | |
| 95923 | Autonomic Nrv Syst Funj Test | | | \$91.92 | |
| 95923 | Autonomic Nrv Syst Funj Test | 26 | | \$26.15 | |
| 95923 | Autonomic Nrv Syst Funj Test | TC | | \$65.77 | |
| 95924 | Ans Parasymp & Symp W/Tilt | | | \$83.40 | |
| 95924 | Ans Parasymp & Symp W/Tilt | 26 | | \$50.32 | |
| 95924 | Ans Parasymp & Symp W/Tilt | TC | | \$33.08 | |
| 95925 | Somatosensory Testing | | | \$87.16 | |
| 95925 | Somatosensory Testing | 26 | | \$15.85 | |
| 95925 | Somatosensory Testing | TC | | \$71.32 | |
| 95926 | Somatosensory Testing | | | \$77.06 | |
| 95926 | Somatosensory Testing | 26 | | \$15.45 | |
| 95926 | Somatosensory Testing | TC | | \$61.61 | |
| 95927 | Somatosensory Testing | | | \$79.64 | |
| 95927 | Somatosensory Testing | 26 | | \$15.45 | |
| 95927 | Somatosensory Testing | TC | | \$64.18 | |
| 95928 | C Motor Evoked Uppr Limbs | | | \$125.79 | |
| 95928 | C Motor Evoked Uppr Limbs | 26 | | \$45.17 | |
| 95928 | C Motor Evoked Uppr Limbs | TC | | \$80.63 | |
| 95929 | C Motor Evoked Lwr Limbs | | | \$126.78 | |
| 95929 | C Motor Evoked Lwr Limbs | 26 | | \$45.56 | |
| 95929 | C Motor Evoked Lwr Limbs | TC | | \$81.22 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 95930 | Visual Evoked Potential Test | | | \$72.50 | |
| 95930 | Visual Evoked Potential Test | 26 | | \$10.50 | |
| 95930 | Visual Evoked Potential Test | TC | | \$62.01 | |
| 95937 | Neuromuscular Junction Test | | | \$45.56 | |
| 95937 | Neuromuscular Junction Test | 26 | | \$19.41 | |
| 95937 | Neuromuscular Junction Test | TC | | \$26.15 | |
| 95938 | Somatosensory Testing | | | \$191.36 | |
| 95938 | Somatosensory Testing | 26 | | \$25.95 | |
| 95938 | Somatosensory Testing | TC | | \$165.41 | |
| 95939 | C Motor Evoked Up&Lwr Limbs | | | \$280.51 | |
| 95939 | C Motor Evoked Up&Lwr Limbs | 26 | | \$67.55 | |
| 95939 | C Motor Evoked Up&Lwr Limbs | TC | | \$212.96 | |
| 95981 | Io Anal Gast N-Stim Subsq | | | \$17.83 | |
| 95982 | Io Ga N-Stim Subsq W/Reprog | | | \$29.52 | |
| 95990 | Spin/Brain Pump Refil & Main | | | \$51.31 | |
| 95991 | Spin/Brain Pump Refil & Main | | | \$67.95 | |
| 96101 | Psycho Testing By Psych/Phys | | | \$44.57 | |
| 96102 | Psycho Testing By Technician | | | \$35.46 | |
| 96103 | Psycho Testing Admin By Comp | | | \$15.45 | |
| 96110 | Developmental Screen W/Score | | | \$9.20 | |
| 96111 | Developmental Test Extend | | | \$72.31 | |
| 96116 | Neurobehavioral Status Exam | | | \$51.90 | |
| 96118 | Neuropsych Tst By Psych/Phys | | | \$54.68 | |
| 96119 | Neuropsych Testing By Tec | | | \$44.77 | |
| 96120 | Neuropsych Tst Admin W/Comp | | | \$26.94 | |
| 96127 | Brief Emotional/Behav Assmt | | | \$2.97 | |
| 96360 | Hydration Iv Infusion Init | | | \$31.89 | |
| 96361 | Hydrate Iv Infusion Add-On | | | \$8.52 | |
| 96372 | Ther/Proph/Diag Inj Sc/Im | | | \$14.07 | |
| 97001 | Pt Evaluation | | | \$42.00 | |
| 97002 | Pt Re-Evaluation | | | \$23.38 | |
| 97003 | Ot Evaluation | | | \$47.35 | |
| 97004 | Ot Re-Evaluation | | | \$29.32 | |
| 97014 | Electric Stimulation Therapy | | | \$8.91 | |
| 97032 | Electrical Stimulation | | | \$10.70 | |
| 97035 | Ultrasound Therapy | | | \$7.13 | |
| 97110 | Therapeutic Exercises | | | \$18.03 | |
| 97112 | Neuromuscular Reeducation | | | \$18.82 | |
| 97116 | Gait Training Therapy | | | \$15.85 | |
| 97140 | Manual Therapy 1/> Regions | | | \$16.64 | |
| 97530 | Therapeutic Activities | | | \$19.41 | |
| 97597 | Rmvl Devital Tis 20 Cm/< | | | \$42.00 | |
| 97760 | Orthotic Mgmt And Training | | | \$21.20 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|---------------|----------|------------------|
| 97761 | Prosthetic Training | | | \$18.42 | |
| 97762 | C/O For Orthotic/Prosth Use | | | \$26.55 | |
| 98925 | Osteopath Manj 1-2 Regions | | | \$17.63 | |
| 98926 | Osteopath Manj 3-4 Regions | | | \$25.55 | |
| 98927 | Osteopath Manj 5-6 Regions | | | \$33.08 | |
| 98928 | Osteopath Manj 7-8 Regions | | | \$40.61 | |
| 98929 | Osteopath Manj 9-10 Regions | | | \$48.53 | |
| 98940 | Chiropract Manj 1-2 Regions | | | \$15.85 | |
| 98941 | Chiropract Manj 3-4 Regions | | | \$22.78 | |
| 98942 | Chiropractic Manj 5 Regions | | | \$29.72 | |
| 99188 | App Topical Fluoride Varnish | | 0 to 3 years | \$9.00 | |
| 99188 | App Topical Fluoride Varnish | | 3 to 16 years | \$13.23 | |
| 99201 | Office/Outpatient Visit New | | | \$24.37 | |
| 99202 | Office/Outpatient Visit New | | | \$41.60 | |
| 99203 | Office/Outpatient Visit New | | | \$60.22 | |
| 99204 | Office/Outpatient Visit New | | | \$91.92 | |
| 99205 | Office/Outpatient Visit New | | | \$115.29 | |
| 99211 | Office/Outpatient Visit Est | | | \$11.09 | |
| 99212 | Office/Outpatient Visit Est | | | \$24.17 | |
| 99213 | Office/Outpatient Visit Est | | | \$40.61 | |
| 99214 | Office/Outpatient Visit Est | | | \$59.83 | |
| 99215 | Office/Outpatient Visit Est | | | \$80.63 | |
| 99241 | Office Consultation | | | \$26.55 | |
| 99242 | Office Consultation | | | \$49.92 | |
| 99243 | Office Consultation | | | \$68.34 | |
| 99244 | Office Consultation | | | \$102.22 | |
| 99245 | Office Consultation | | | \$124.60 | |
| 99304 | Nursing Facility Care Init | | | \$51.11 | |
| 99305 | Nursing Facility Care Init | | | \$72.70 | |
| 99306 | Nursing Facility Care Init | | | \$92.71 | |
| 99307 | Nursing Fac Care Subseq | | | \$24.96 | |
| 99308 | Nursing Fac Care Subseq | | | \$38.63 | |
| 99309 | Nursing Fac Care Subseq | | | \$50.91 | |
| 99310 | Nursing Fac Care Subseq | | | \$75.67 | |
| 99315 | Nursing Fac Discharge Day | | | \$40.81 | |
| 99316 | Nursing Fac Discharge Day | | | \$59.03 | |
| 99318 | Annual Nursing Fac Assessmnt | | | \$53.49 | |
| 99324 | Domicil/R-Home Visit New Pat | | | \$30.90 | |
| 99325 | Domicil/R-Home Visit New Pat | | | \$44.97 | |
| 99326 | Domicil/R-Home Visit New Pat | | | \$77.66 | |
| 99327 | Domicil/R-Home Visit New Pat | | | \$103.61 | |
| 99328 | Domicil/R-Home Visit New Pat | | | \$121.04 | |
| 99334 | Domicil/R-Home Visit Est Pat | | | \$33.68 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| 99335 | Domicil/R-Home Visit Est Pat | | | \$53.09 | |
| 99336 | Domicil/R-Home Visit Est Pat | | | \$75.08 | |
| 99337 | Domicil/R-Home Visit Est Pat | | | \$107.57 | |
| 99341 | Home Visit New Patient | | | \$30.71 | |
| 99342 | Home Visit New Patient | | | \$44.18 | |
| 99343 | Home Visit New Patient | | | \$72.50 | |
| 99344 | Home Visit New Patient | | | \$101.63 | |
| 99345 | Home Visit New Patient | | | \$123.22 | |
| 99347 | Home Visit Est Patient | | | \$30.90 | |
| 99348 | Home Visit Est Patient | | | \$46.95 | |
| 99349 | Home Visit Est Patient | | | \$71.51 | |
| 99350 | Home Visit Est Patient | | | \$99.25 | |
| 99354 | Prolong E&M/Psycstx Serv O/P | | | \$55.86 | |
| 99355 | Prolong E&M/Psycstx Serv O/P | | | \$54.28 | |
| 99381 | Init Pm E/M New Pat Infant | | | \$86.72 | |
| 99382 | Init Pm E/M New Pat 1-4 Yrs | | | \$93.36 | |
| 99383 | Prev Visit New Age 5-11 | | | \$91.46 | |
| 99384 | Prev Visit New Age 12-17 | | | \$99.37 | |
| 99385 | Prev Visit New Age 18-39 | | | \$99.37 | |
| 99386 | Prev Visit New Age 40-64 | | | \$117.10 | |
| 99387 | Init Pm E/M New Pat 65+ Yrs | | | \$126.92 | |
| 99391 | Per Pm Reeval Est Pat Infant | | | \$65.83 | |
| 99392 | Prev Visit Est Age 1-4 | | | \$73.74 | |
| 99393 | Prev Visit Est Age 5-11 | | | \$72.79 | |
| 99394 | Prev Visit Est Age 12-17 | | | \$80.39 | |
| 99395 | Prev Visit Est Age 18-39 | | | \$81.34 | |
| 99396 | Prev Visit Est Age 40-64 | | | \$89.89 | |
| 99397 | Per Pm Reeval Est Pat 65+ Yr | | | \$99.06 | |
| 99406 | Behav Chng Smoking 3-10 Min | | | \$7.92 | |
| 99407 | Behav Chng Smoking > 10 Min | | | \$15.45 | |
| 99415 | Prolong Clincl Staff Svc | | | \$4.95 | |
| 99416 | Prolong Clincl Staff Svc Add | | | \$2.77 | |
| 99461 | Init Nb Em Per Day Non-Fac | | | \$51.11 | |
| 99495 | Trans Care Mgmt 14 Day Disch | | | \$91.52 | |
| 99496 | Trans Care Mgmt 7 Day Disch | | | \$128.96 | |
| 99497 | Advncd Care Plan 30 Min | | | \$47.54 | |
| 99498 | Advncd Care Plan Addl 30 Min | | | \$41.40 | |
| A4264 | Intratubal Occlusion Device | | | \$681.61 | |
| A4266 | Diaphragm | | | \$18.50 | |
| A4267 | Male Condom | | | \$0.06 | |
| A4268 | Female Condom | | | \$0.68 | |
| A4269 | Spermicide | | | \$4.95 | |
| A4561 | Pessary Rubber, Any Type | | | \$18.35 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|--------|------------------------------|----------|-----------------|----------|------------------|
| A4562 | Pessary, Non Rubber,Any Type | | | \$45.62 | |
| A9500 | Tc99m Sestamibi | | | \$121.70 | |
| A9502 | Tc99m Tetrofosmin | | | \$115.29 | |
| D0120 | Periodic Oral Evaluation | | | \$14.89 | |
| D0140 | Limit Oral Eval Problm Focus | | | \$14.89 | |
| D0145 | Oral Evaluation, Pt < 3yrs | | | \$14.89 | |
| D0150 | Comprehensve Oral Evaluation | | 0 to 19 years | \$18.90 | |
| D0150 | Comprehensve Oral Evaluation | | 19 to 124 years | \$14.89 | |
| D0190 | Screening Of A Patient | | | \$14.89 | |
| D0191 | Assessment Of A Patient | | | \$14.89 | |
| D0210 | Intraor Complete Film Series | | 0 to 19 years | \$40.95 | |
| D0210 | Intraor Complete Film Series | | 19 to 124 years | \$25.62 | |
| D0220 | Intraoral Periapical First | | | \$3.63 | |
| D0230 | Intraoral Periapical Ea Add | | | \$3.15 | |
| D0240 | Intraoral Occlusal Film | | | \$3.63 | |
| D0270 | Dental Bitewing Single Image | | 0 to 19 years | \$10.29 | |
| D0270 | Dental Bitewing Single Image | | 19 to 124 years | \$6.93 | |
| D0272 | Dental Bitewings Two Images | | 0 to 19 years | \$12.60 | |
| D0272 | Dental Bitewings Two Images | | 19 to 124 years | \$9.35 | |
| D0273 | Bitewings - Three Images | | 0 to 19 years | \$15.12 | |
| D0273 | Bitewings - Three Images | | 19 to 124 years | \$11.69 | |
| D0274 | Bitewings Four Images | | 0 to 19 years | \$17.64 | |
| D0274 | Bitewings Four Images | | 19 to 124 years | \$14.02 | |
| D0330 | Panoramic Image | | | \$17.56 | |
| D0340* | 2d Cephalometric Image | | | \$28.39 | |
| D1110 | Dental Prophylaxis Adult | | 0 to 19 years | \$27.72 | |
| D1110 | Dental Prophylaxis Adult | | 19 to 124 years | \$22.10 | |
| D1120 | Dental Prophylaxis Child | | | \$19.53 | |
| D1206 | Topical Fluoride Varnish | | 0 to 3 years | \$9.00 | |
| D1206 | Topical Fluoride Varnish | | 3 to 16 years | \$13.23 | |
| D1208 | Topical App Fluorid Ex Vrnsh | | | \$13.23 | |
| D1351 | Dental Sealant Per Tooth | | | \$15.12 | |
| D1352 | Prev Resin Rest, Perm Tooth | | | \$15.12 | |
| D1510 | Space Maintainer Fxd Unilat | | | \$110.25 | |
| D1515 | Fixed Bilat Space Maintainer | | | \$173.25 | |
| D1550 | Recement Space Maintainer | | | \$21.42 | |
| D1555 | Remove Fix Space Maintainer | | | \$21.42 | |
| D2140 | Amalgam One Surface Permanen | | 0 to 19 years | \$38.22 | |
| D2140 | Amalgam One Surface Permanen | | 19 to 124 years | \$15.59 | |
| D2150 | Amalgam Two Surfaces Permane | | 0 to 19 years | \$48.41 | |
| D2150 | Amalgam Two Surfaces Permane | | 19 to 124 years | \$31.21 | |
| D2160 | Amalgam Three Surfaces Perma | | 0 to 19 years | \$60.12 | |
| D2160 | Amalgam Three Surfaces Perma | | 19 to 124 years | \$41.22 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|--------|------------------------------|----------|-----------------|----------|------------------|
| D2161 | Amalgam 4 Or > Surfaces Perm | | 0 to 19 years | \$69.93 | |
| D2161 | Amalgam 4 Or > Surfaces Perm | | 19 to 124 years | \$48.45 | |
| D2330 | Resin One Surface-Anterior | | 0 to 19 years | \$46.94 | |
| D2330 | Resin One Surface-Anterior | | 19 to 124 years | \$25.62 | |
| D2331 | Resin Two Surfaces-Anterior | | 0 to 19 years | \$60.48 | |
| D2331 | Resin Two Surfaces-Anterior | | 19 to 124 years | \$36.77 | |
| D2332 | Resin Three Surfaces-Anterio | | 0 to 19 years | \$74.13 | |
| D2332 | Resin Three Surfaces-Anterio | | 19 to 124 years | \$49.02 | |
| D2335 | Resin 4/> Surf Or W Incis An | | 0 to 19 years | \$98.28 | |
| D2335 | Resin 4/> Surf Or W Incis An | | 19 to 124 years | \$59.05 | |
| D2390 | Ant Resin-Based Cmpst Crown | | 0 to 19 years | \$154.75 | |
| D2390 | Ant Resin-Based Cmpst Crown | | 19 to 124 years | \$131.25 | |
| D2391 | Post 1 Srfc Resinbased Cmpst | | 0 to 19 years | \$38.23 | |
| D2391 | Post 1 Srfc Resinbased Cmpst | | 19 to 124 years | \$15.59 | |
| D2392 | Post 2 Srfc Resinbased Cmpst | | 0 to 19 years | \$48.41 | |
| D2392 | Post 2 Srfc Resinbased Cmpst | | 19 to 124 years | \$31.21 | |
| D2393 | Post 3 Srfc Resinbased Cmpst | | 0 to 19 years | \$60.12 | |
| D2393 | Post 3 Srfc Resinbased Cmpst | | 19 to 124 years | \$41.22 | |
| D2394 | Post >=4srfc Resinbase Cmpst | | 0 to 19 years | \$66.52 | |
| D2394 | Post >=4srfc Resinbase Cmpst | | 19 to 124 years | \$48.45 | |
| D2710 | Crown Resin-Based Indirect | | 0 to 19 years | \$232.05 | |
| D2710 | Crown Resin-Based Indirect | | 19 to 124 years | \$175.49 | |
| D2712 | Crown 3/4 Resin-Based Compos | | 0 to 19 years | \$232.05 | |
| D2712 | Crown 3/4 Resin-Based Compos | | 19 to 124 years | \$175.49 | |
| D2740* | Crown Porcelain/Ceramic Subs | | | \$432.92 | |
| D2750* | Crown Porcelain W/ H Noble M | | | \$411.60 | |
| D2751* | Crown Porcelain Fused Base M | | | \$393.23 | |
| D2752* | Crown Porcelain W/ Noble Met | | | \$404.25 | |
| D2790* | Crown Full Cast High Noble M | | | \$404.25 | |
| D2791* | Crown Full Cast Base Metal | | | \$363.83 | |
| D2792* | Crown Full Cast Noble Metal | | | \$367.50 | |
| D2794* | Crown-Titanium | | | \$367.50 | |
| D2799* | Provisional Crown | | | \$232.05 | |
| D2910 | Recement Inlay Onlay Or Part | | | \$11.69 | |
| D2915 | Recement Cast Or Prefab Post | | | \$11.69 | |
| D2920 | Re-Cement Or Re-Bond Crown | | | \$11.69 | |
| D2930 | Prefab Stnlss Steel Crwn Pri | | 0 to 19 years | \$84.00 | |
| D2930 | Prefab Stnlss Steel Crwn Pri | | 19 to 124 years | \$46.80 | |
| D2931 | Prefab Stnlss Steel Crown Pe | | | \$85.62 | |
| D2933 | Prefab Stainless Steel Crown | | 0 to 19 years | \$90.83 | |
| D2933 | Prefab Stainless Steel Crown | | 19 to 124 years | \$58.49 | |
| D2934 | Prefab Steel Crown Primary | | | \$90.83 | |
| D2940 | Protective Restoration | | | \$11.69 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------------|----------|------------------|
| D2950 | Core Build-Up Incl Any Pins | | | \$116.13 | |
| D2951 | Tooth Pin Retention | | | \$22.79 | |
| D2952 | Post And Core Cast + Crown | | | \$155.82 | |
| D2954 | Prefab Post/Core + Crown | | | \$150.68 | |
| D3110 | Pulp Cap Direct | | 0 to 19 years | \$18.38 | |
| D3110 | Pulp Cap Direct | | 19 to 124 years | \$12.82 | |
| D3220 | Therapeutic Pulpotomy | | | \$66.15 | |
| D3221 | Gross Pulpal Debridement | | | \$66.15 | |
| D3222 | Part Pulp For Apexogenesis | | 0 to 19 years | \$66.15 | |
| D3222 | Part Pulp For Apexogenesis | | 19 to 124 years | \$35.10 | |
| D3230 | Pulpal Therapy Anterior Prim | | | \$102.77 | |
| D3240 | Pulpal Therapy Posterior Pri | | | \$102.77 | |
| D3310 | End Thxpy, Anterior Tooth | | 0 to 19 years | \$239.40 | |
| D3310 | End Thxpy, Anterior Tooth | | 19 to 124 years | \$134.54 | |
| D3320 | End Thxpy, Bicuspid Tooth | | 0 to 19 years | \$283.50 | |
| D3320 | End Thxpy, Bicuspid Tooth | | 19 to 124 years | \$157.93 | |
| D3330 | End Thxpy, Molar | | 0 to 19 years | \$378.00 | |
| D3330 | End Thxpy, Molar | | 19 to 124 years | \$204.73 | |
| D3346 | Retreat Root Canal Anterior | | 0 to 19 years | \$246.58 | |
| D3346 | Retreat Root Canal Anterior | | 19 to 21 years | \$138.57 | |
| D3347 | Retreat Root Canal Bicuspid | | 0 to 19 years | \$292.00 | |
| D3347 | Retreat Root Canal Bicuspid | | 19 to 21 years | \$162.66 | |
| D3348 | Retreat Root Canal Molar | | 0 to 19 years | \$389.34 | |
| D3348 | Retreat Root Canal Molar | | 19 to 21 years | \$210.87 | |
| D3351 | Apexification/Recalc Initial | | | \$63.21 | |
| D3352 | Apexification/Recalc Interim | | | \$63.21 | |
| D3353 | Apexification/Recalc Final | | | \$404.25 | |
| D3410 | Apicoectomy - Anterior | | 0 to 19 years | \$312.90 | |
| D3410 | Apicoectomy - Anterior | | 19 to 124 years | \$81.89 | |
| D3421 | Root Surgery Bicuspid | | | \$349.13 | |
| D3425 | Root Surgery Molar | | | \$374.85 | |
| D3426 | Root Surgery Ea Add Root | | | \$374.85 | |
| D3430 | Retrograde Filling | | | \$73.50 | |
| D3999 | Endodontic Procedure | | | M | |
| D4355 | Full Mouth Debridement | | | \$43.26 | |
| D5110 | Dentures Complete Maxillary | | | \$341.25 | |
| D5120 | Dentures Complete Mandible | | | \$341.25 | |
| D5130 | Dentures Immediat Maxillary | | | \$341.25 | |
| D5140 | Dentures Immediat Mandible | | | \$341.25 | |
| D5211 | Dentures Maxill Part Resin | | | \$157.93 | |
| D5212 | Dentures Mand Part Resin | | | \$157.93 | |
| D5213 | Dentures Maxill Part Metal | | | \$380.22 | |
| D5214 | Dentures Mandibl Part Metal | | | \$380.22 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|--------|------------------------------|----------|-----------|------------|------------------|
| D5225 | Maxillary Part Denture Flex | | | \$157.93 | |
| D5226 | Mandibular Part Denture Flex | | | \$157.93 | |
| D5410 | Dentures Adjust Cmplt Maxil | | | \$36.75 | |
| D5411 | Dentures Adjust Cmplt Mand | | | \$36.75 | |
| D5421 | Dentures Adjust Part Maxill | | | \$36.75 | |
| D5422 | Dentures Adjust Part Mandbl | | | \$36.75 | |
| D5510 | Dentur Repr Broken Compl Bas | | | \$66.15 | |
| D5520 | Replace Denture Teeth Cmplt | | | \$70.35 | |
| D5610 | Dentures Repair Resin Base | | | \$66.15 | |
| D5620 | Rep Part Denture Cast Frame | | | \$70.35 | |
| D5630 | Rep Partial Denture Clasp | | | \$89.24 | |
| D5640 | Replace Part Denture Teeth | | | \$63.00 | |
| D5650 | Add Tooth To Partial Denture | | | \$70.35 | |
| D5660 | Add Clasp To Partial Denture | | | \$99.75 | |
| D5710 | Dentures Rebase Cmplt Maxil | | | \$146.24 | |
| D5711 | Dentures Rebase Cmplt Mand | | | \$146.24 | |
| D5720 | Dentures Rebase Part Maxill | | | \$87.74 | |
| D5721 | Dentures Rebase Part Mandbl | | | \$87.74 | |
| D5730 | Denture Reln Cmplt Maxil Ch | | | \$66.15 | |
| D5731 | Denture Reln Cmplt Mand Chr | | | \$66.15 | |
| D5740 | Denture Reln Part Maxil Chr | | | \$66.15 | |
| D5741 | Denture Reln Part Mand Chr | | | \$66.15 | |
| D5750 | Denture Reln Cmplt Max Lab | | | \$105.85 | |
| D5751 | Denture Reln Cmplt Mand Lab | | | \$105.85 | |
| D5760 | Denture Reln Part Maxil Lab | | | \$116.99 | |
| D5761 | Denture Reln Part Mand Lab | | | \$116.99 | |
| D5810 | Denture Interm Cmplt Maxill | | | \$146.24 | |
| D5811 | Denture Interm Cmplt Mandbl | | | \$146.24 | |
| D5820 | Denture Interm Part Maxill | | | \$105.28 | |
| D5821 | Denture Interm Part Mandbl | | | \$105.28 | |
| D5982* | Surgical Stent | | | \$627.00 | |
| D5988* | Surgical Splint | | | \$627.00 | |
| D6010* | Odontics Endosteal Implant | | | \$1,468.00 | |
| D6055* | Implant Connecting Bar | | | \$1,949.00 | |
| D6056* | Prefabricated Abutment | | | \$300.00 | |
| D6057* | Custom Abutment | | | \$300.00 | |
| D6058* | Abutment Supported Crown | | | \$675.00 | |
| D6059* | Abutment Supported Mtl Crown | | | \$675.00 | |
| D6062* | Abutment Supported Mtl Crown | | | \$675.00 | |
| D6065* | Implant Supported Crown | | | \$975.00 | |
| D6066* | Implant Supported Mtl Crown | | | \$975.00 | |
| D6067* | Implant Supported Mtl Crown | | | \$975.00 | |
| D6068* | Abutment Supported Retainer | | | \$675.00 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|--------|------------------------------|----------|-----------|------------|------------------|
| D6069* | Abutment Supported Retainer | | | \$675.00 | |
| D6072* | Abutment Supported Retainer | | | \$675.00 | |
| D6075* | Implant Supported Retainer | | | \$975.00 | |
| D6076* | Implant Supported Retainer | | | \$975.00 | |
| D6077* | Implant Supported Retainer | | | \$975.00 | |
| D6080* | Implant Maintenance | | | \$112.00 | |
| D6090* | Repair Implant | | | M | |
| D6091* | Repl Semi/Precision Attach | | | M | |
| D6092* | Recement Supp Crown | | | \$65.00 | |
| D6093* | Recement Supp Part Denture | | | \$70.00 | |
| D6094* | Abut Support Crown Titanium | | | M | |
| D6095* | Odontics Repr Abutment | | | M | |
| D6100* | Removal Of Implant | | | M | |
| D6110* | Implnt/Abut Remov Dent Max | | | \$1,719.00 | |
| D6111* | Implnt/Abut Remov Dent Mand | | | \$1,719.00 | |
| D6112* | Imp/Abut Rem Dent Part Max | | | \$1,719.00 | |
| D6113* | Imp/Abut Rem Dent Part Mand | | | \$1,719.00 | |
| D6114* | Implnt/Abut Fixed Dent Max | | | \$2,919.00 | |
| D6115* | Implnt/Abut Fixed Dent Mand | | | \$2,919.00 | |
| D6116* | Imp/Abut Fixed Dent Part Max | | | \$2,919.00 | |
| D6117* | Imp/Abut Fixed Dent Part Man | | | \$2,919.00 | |
| D6194* | Abut Support Retainer Titani | | | \$675.00 | |
| D6205* | Pontic-Indirect Resin Based | | | \$232.05 | |
| D6210* | Prosthodont High Noble Metal | | | \$396.90 | |
| D6211* | Bridge Base Metal Cast | | | \$382.20 | |
| D6212* | Bridge Noble Metal Cast | | | \$389.55 | |
| D6214* | Pontic Titanium | | | \$422.63 | |
| D6240* | Bridge Porcelain High Noble | | | \$422.63 | |
| D6241* | Bridge Porcelain Base Metal | | | \$374.85 | |
| D6242* | Bridge Porcelain Nobel Metal | | | \$393.23 | |
| D6245* | Bridge Porcelain/Ceramic | | | \$417.90 | |
| D6253* | Provisional Pontic | | | \$232.05 | |
| D6710* | Crown-Indirect Resin Based | | | \$232.05 | |
| D6740* | Crown Porcelain/Ceramic | | | \$417.90 | |
| D6750* | Crown Porcelain High Noble | | | \$422.63 | |
| D6751* | Crown Porcelain Base Metal | | | \$374.85 | |
| D6752* | Crown Porcelain Noble Metal | | | \$393.23 | |
| D6790* | Crown Full High Noble Metal | | | \$396.90 | |
| D6791* | Crown Full Base Metal Cast | | | \$382.20 | |
| D6792* | Crown Full Noble Metal Cast | | | \$385.88 | |
| D6793* | Provisional Retainer Crown | | | \$232.05 | |
| D6794* | Crown Titanium | | | \$422.63 | |
| D6930 | Recement/Bond Part Denture | | | \$28.61 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|--------|-------------------------------|----------|-----------------|------------|------------------|
| D6980* | Fixed Partial Repair | | | M | |
| D7111 | Extraction Coronal Remnants | | | \$23.39 | |
| D7140 | Extraction Erupted Tooth/Exr | | 0 to 19 years | \$44.47 | |
| D7140 | Extraction Erupted Tooth/Exr | | 19 to 124 years | \$25.62 | |
| D7210 | Rem Imp Tooth W Mucoper Flp | | 0 to 19 years | \$99.23 | |
| D7210 | Rem Imp Tooth W Mucoper Flp | | 19 to 124 years | \$33.43 | |
| D7220 | Impact Tooth Remov Soft Tiss | | 0 to 19 years | \$117.60 | |
| D7220 | Impact Tooth Remov Soft Tiss | | 19 to 124 years | \$52.65 | |
| D7230 | Impact Tooth Remov Part Bony | | 0 to 19 years | \$158.03 | |
| D7230 | Impact Tooth Remov Part Bony | | 19 to 124 years | \$87.74 | |
| D7240 | Impact Tooth Remov Comp Bony | | 0 to 19 years | \$190.37 | |
| D7240 | Impact Tooth Remov Comp Bony | | 19 to 124 years | \$116.99 | |
| D7250 | Tooth Root Removal | | 0 to 19 years | \$43.37 | |
| D7250 | Tooth Root Removal | | 19 to 124 years | \$23.39 | |
| D7260 | Oral Antral Fistula Closure | | | \$257.25 | |
| D7261 | Primary Closure Sinus Perf | | | \$171.50 | |
| D7270 | Tooth Reimplantation | | | \$147.00 | |
| D7280* | Exposure Impact Tooth Orthod | | | \$176.40 | |
| D7282* | Mobilize Erupted/Malpos Toot | | | \$120.40 | |
| D7283* | Place Device Impacted Tooth | | | \$120.40 | |
| D7310 | Alveoplasty W/ Extraction | | | \$99.23 | |
| D7320 | Alveoplasty W/O Extraction | | | \$124.95 | |
| D7471 | Rem Exostosis Any Site | | | \$87.74 | |
| D7472 | Removal Of Torus Palatinus | | | \$113.58 | |
| D7473 | Remove Torus Mandibularis | | | \$113.58 | |
| D7485 | Surg Reduct Osseoustuberosit | | | \$113.58 | |
| D7510 | I&D Absc Intraoral Soft Tiss | | | \$9.46 | |
| D7970 | Excision Hyperplastic Tissue | | | \$113.58 | |
| D7971 | Excision Pericoronal Gingiva | | | \$55.13 | |
| D7972 | Surg Redct Fibrous Tuberosit | | | \$87.74 | |
| D8050* | Intercep Dental Tx Primary | | | \$1,260.00 | |
| D8060* | Intercep Dental Tx Transiti | | | \$1,470.00 | |
| D8070* | Compre Dental Tx Transition | | | \$1,460.00 | |
| D8080* | Compre Dental Tx Adolescent | | | \$1,775.00 | |
| D8090* | Compre Dental Tx Adult | | | \$1,880.00 | |
| D8660* | Preorthodontic Tx Visit | | | \$107.09 | |
| D8670* | Periodic Orthodontic Tx Visit | | | \$600.00 | |
| D8692* | Replacement Retainer | | | \$78.75 | |
| D9110 | Tx Dental Pain Minor Proc | | | \$13.92 | |
| D9248 | Sedation (Non-Iv) | | | \$40.56 | |
| D9310 | Dental Consultation | | | \$29.24 | |
| D9930 | Treatment Of Complications | | | \$17.56 | |
| D9940* | Dental Occlusal Guard | | | \$229.00 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|--------|------------------------------|----------|-----------|----------|------------------|
| G0008 | Admin Influenza Virus Vac | | | \$7.00 | |
| G0009 | Admin Pneumococcal Vaccine | | | \$7.00 | |
| G0010 | Admin Hepatitis B Vaccine | | | \$7.00 | |
| G0101 | Ca Screen;Pelvic/Breast Exam | | | \$21.39 | |
| G0102 | Prostate Ca Screening; Dre | | | \$10.90 | |
| G0103 | Psa Screening | | | \$19.42 | |
| G0117 | Glaucoma Scrn Hgh Risk Direc | | | \$30.31 | |
| G0118 | Glaucoma Scrn Hgh Risk Direc | | | \$24.76 | |
| G0130 | Single Energy X-Ray Study | | | \$19.02 | |
| G0130 | Single Energy X-Ray Study | 26 | | \$6.34 | |
| G0130 | Single Energy X-Ray Study | TC | | \$12.68 | |
| G0168 | Wound Closure By Adhesive | | | \$57.45 | |
| G0202 | Screeningmammographydigital | | | \$74.68 | |
| G0202 | Screeningmammographydigital | 26 | | \$19.61 | |
| G0202 | Screeningmammographydigital | TC | | \$55.07 | |
| G0204 | Diagnosticmammographydigital | | | \$91.32 | |
| G0204 | Diagnosticmammographydigital | 26 | | \$24.56 | |
| G0204 | Diagnosticmammographydigital | TC | | \$66.76 | |
| G0206 | Diagnosticmammographydigital | | | \$71.71 | |
| G0206 | Diagnosticmammographydigital | 26 | | \$19.61 | |
| G0206 | Diagnosticmammographydigital | TC | | \$52.10 | |
| G0306 | Cbc/Diffwbc W/O Platelet | | | \$8.62 | |
| G0307 | Cbc Without Platelet | | | \$5.17 | |
| G0328* | Fecal Blood Scrn Immunoassay | | | \$17.97 | |
| G0432 | Eia Hiv-1/Hiv-2 Screen | | | \$15.48 | |
| G0433 | Elisa Hiv-1/Hiv-2 Screen | | | \$15.48 | |
| G0435 | Oral Hiv-1/Hiv-2 Screen | | | \$13.97 | |
| G0436 | Tobacco-Use Counsel 3-10 Min | | | \$8.12 | |
| G0437 | Tobacco-Use Counsel>10min | | | \$15.45 | |
| G0472 | Hep C Screen High Risk/Other | | | \$10.24 | |
| G0477 | Drug Test Presump Optical | | | \$7.42 | |
| G0478 | Drug Test Presump Opt Inst | | | \$9.89 | |
| G0479 | Drug Test Presump Not Opt | | | \$39.56 | |
| G0480 | Drug Test Def 1-7 Classes | | | \$42.30 | |
| G0481 | Drug Test Def 8-14 Classes | | | \$65.07 | |
| G0482 | Drug Test Def 15-21 Classes | | | \$87.84 | |
| G0483 | Drug Test Def 22+ Classes | | | \$113.87 | |
| H0001 | Alcohol And/Or Drug Assess | | | \$61.48 | |
| H0002 | Alcohol And/Or Drug Screenin | | | \$42.50 | |
| H0004 | Alcohol And/Or Drug Services | | | \$22.37 | |
| H0005 | Alcohol And/Or Drug Services | | | \$13.02 | |
| H0031 | Mh Health Assess By Non-Md | | | \$91.21 | |
| H2011 | Crisis Interven Svc, 15 Min | | | \$50.25 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|------------|------------------|
| J0520 | Bethanechol Chloride Inject | | | M | |
| J0558 | Peng Benzathine/Procaine Inj | | | \$6.61 | |
| J0561 | Penicillin G Benzathine Inj | | | \$8.38 | |
| J0583 | Bivalirudin | | | \$2.42 | |
| J0588 | Incobotulinumtoxin A | | | \$4.82 | |
| J0600 | Edetate Calcium Disodium Inj | | | \$5,594.42 | |
| J0610 | Calcium Gluconate Injection | | | \$2.66 | |
| J0620 | Calcium Glycer & Lact/10 Ml | | | M | |
| J0630 | Calcitonin Salmon Injection | | | \$2,369.13 | |
| J0636 | Inj Calcitriol Per 0.1 Mcg | | | \$0.33 | |
| J0637 | Caspofungin Acetate | | | \$13.26 | |
| J0640 | Leucovorin Calcium Injection | | | \$3.69 | |
| J0690 | Cefazolin Sodium Injection | | | \$0.83 | |
| J0692 | Cefepime Hcl For Injection | | | \$2.53 | |
| J0694 | Cefoxitin Sodium Injection | | | \$4.74 | |
| J0695 | Inj Ceftolozane Tazobactam | | | M | |
| J0696 | Ceftriaxone Sodium Injection | | | \$0.69 | |
| J0697 | Sterile Cefuroxime Injection | | | \$2.42 | |
| J0698 | Cefotaxime Sodium Injection | | | \$0.78 | |
| J0702 | Betamethasone Acet&Sod Phosp | | | \$5.90 | |
| J0710 | Cephapirin Sodium Injection | | | M | |
| J0712 | Ceftaroline Fosamil Inj | | | \$2.31 | |
| J0713 | Inj Ceftazidime Per 500 Mg | | | \$2.42 | |
| J0714 | Ceftazidime And Avibactam | | | M | |
| J0715 | Ceftizoxime Sodium / 500 Mg | | | M | |
| J0743 | Cilastatin Sodium Injection | | | \$7.36 | |
| J0744 | Ciprofloxacin Iv | | | \$1.56 | |
| J0760 | Colchicine Injection | | | \$6.57 | |
| J0840 | Crotalidae Poly Immune Fab | | | \$2,670.39 | |
| J0875 | Injection, Dalbavancin | | | \$14.70 | |
| J0878 | Daptomycin Injection | | | \$0.83 | |
| J0881 | Darbepoetin Alfa, Non-Esrd | | | \$4.14 | |
| J0882 | Darbepoetin Alfa, Esrd Use | | | \$4.14 | |
| J0885 | Epoetin Alfa, Non-Esrd | | | \$12.37 | |
| J0887 | Epoetin Beta Esrd Use | | | 1.65 | |
| J0888 | Epoetin Beta Non Esrd | | | 1.65 | |
| J0895 | Deferoxamine Mesylate Inj | | | \$7.85 | |
| J1000 | Depo-Estradiol Cypionate Inj | | | \$13.80 | |
| J1020 | Methylprednisolone 20 Mg Inj | | | \$4.49 | |
| J1030 | Methylprednisolone 40 Mg Inj | | | \$4.49 | |
| J1040 | Methylprednisolone 80 Mg Inj | | | \$8.56 | |
| J1050 | Medroxyprogesterone Acetate | | | \$0.36 | |
| J1071 | Inj Testosterone Cypionate | | | \$0.03 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| J1094 | Inj Dexamethasone Acetate | | | \$0.27 | |
| J1100 | Dexamethasone Sodium Phos | | | \$0.16 | |
| J1170 | Hydromorphone Injection | | | \$1.96 | |
| J1200 | Diphenhydramine Hcl Injectio | | | \$0.52 | |
| J1335 | Ertapenem Injection | | | \$41.79 | |
| J1364 | Erythro Lactobionate /500 Mg | | | \$49.33 | |
| J1380 | Estradiol Valerate 10 Mg Inj | | | \$10.14 | |
| J1410 | Inj Estrogen Conjugate 25 Mg | | | \$228.37 | |
| J1435 | Injection Estrone Per 1 Mg | | | M | |
| J1439 | Inj Ferric Carboxymaltos 1mg | | | \$1.06 | |
| J1447 | Inj Tbo Filgrastim 1 Microg | | | \$0.77 | |
| J1450 | Fluconazole | | | \$5.03 | |
| J1455 | Foscarnet Sodium Injection | | | \$13.25 | |
| J1460 | Gamma Globulin 1 Cc Inj | | | \$33.34 | |
| J1556 | Inj, Imm Glob Bivigam, 500mg | | | \$39.23 | |
| J1557 | Gammalex Injection | | | \$37.28 | |
| J1559 | Hizentra Injection | | | \$8.47 | |
| J1560 | Gamma Globulin > 10 Cc Inj | | | \$333.44 | |
| J1561 | Gamunex-C/Gammaked | | | \$41.82 | |
| J1562 | Vivaglobin, Inj | | | M | |
| J1566 | Immune Globulin, Powder | | | \$35.02 | |
| J1568 | Octagam Injection | | | \$45.86 | |
| J1569 | Gammagard Liquid Injection | | | \$38.82 | |
| J1570 | Ganciclovir Sodium Injection | | | \$70.30 | |
| J1571 | Hepagam B Im Injection | | | \$54.97 | |
| J1572 | Flebogamma Injection | | | \$39.15 | |
| J1573 | Hepagam B Intravenous, Inj | | | \$51.29 | |
| J1575 | Hyqvia 100mg Immuneoglobulin | | | \$11.47 | |
| J1580 | Garamycin Gentamicin Inj | | | \$1.28 | |
| J1590 | Gatifloxacin Injection | | | M | |
| J1599 | Ivig Non-Lyophilized, Nos | | | M | |
| J1630 | Haloperidol Injection | | | \$2.27 | |
| J1631 | Haloperidol Decanoate Inj | | | \$19.15 | |
| J1670 | Tetanus Immune Globulin Inj | | | \$403.71 | |
| J1675 | Histrelin Acetate | | | M | |
| J1700 | Hydrocortisone Acetate Inj | | | M | |
| J1710 | Hydrocortisone Sodium Ph Inj | | | M | |
| J1720 | Hydrocortisone Sodium Succ I | | | \$7.46 | |
| J1725 | Hydroxyprogesterone Caproate | | | M | |
| J1741 | Ibuprofen Injection | | | M | |
| J1750 | Iron Dextran | | | \$12.26 | |
| J1756 | Iron Sucrose Injection | | | \$0.26 | |
| J1815 | Insulin Injection | | | \$0.78 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|------------|------------------|
| J1826 | Interferon Beta-1a Inj | | | M | |
| J1830 | Interferon Beta-1b / .25 Mg | | | \$257.61 | |
| J1833 | Injection, Isavuconazonium | | | M | |
| J1840 | Kanamycin Sulfate 500 Mg Inj | | | \$7.69 | |
| J1850 | Kanamycin Sulfate 75 Mg Inj | | | \$1.15 | |
| J1885 | Ketorolac Tromethamine Inj | | | \$0.71 | |
| J1890 | Cephalothin Sodium Injection | | | M | |
| J1940 | Furosemide Injection | | | \$4.48 | |
| J1956 | Levofloxacin Injection | | | \$2.63 | |
| J2010 | Lincomycin Injection | | | \$11.16 | |
| J2020 | Linezolid Injection | | | \$17.65 | |
| J2175 | Meperidine Hydrochl /100 Mg | | | \$4.37 | |
| J2180 | Meperidine/Promethazine Inj | | | M | |
| J2185 | Meropenem | | | \$1.37 | |
| J2265 | Minocycline Hydrochloride | | | M | |
| J2270 | Morphine Sulfate Injection | | | \$1.01 | |
| J2278 | Ziconotide Injection | | | \$7.18 | |
| J2280 | Inj, Moxifloxacin 100 Mg | | | \$8.08 | |
| J2300 | Inj Nalbuphine Hydrochloride | | | \$2.34 | |
| J2310 | Inj Naloxone Hydrochloride | | | \$30.87 | |
| J2315 | Naltrexone, Depot Form | | | \$3.20 | |
| J2320 | Nandrolone Decanoate 50 Mg | | | M | |
| J2360 | Orphenadrine Injection | | | \$4.93 | |
| J2405 | Ondansetron Hcl Injection | | | \$0.10 | |
| J2407 | Injection, Oritavancin | | | \$24.70 | |
| J2410 | Oxymorphone Hcl Injection | | | \$2.87 | |
| J2426 | Paliperidone Palmitate Inj | | | \$8.68 | |
| J2430 | Pamidronate Disodium /30 Mg | | | \$12.14 | |
| J2502 | Inj, Pasireotide Long Acting | | | M | |
| J2505 | Injection, Pegfilgrastim 6mg | | | \$3,898.41 | |
| J2510 | Penicillin G Procaine Inj | | | \$22.99 | |
| J2540 | Penicillin G Potassium Inj | | | \$0.96 | |
| J2543 | Piperacillin/Tazobactam | | | \$2.73 | |
| J2547 | Injection, Peramivir | | | M | |
| J2550 | Promethazine Hcl Injection | | | \$1.68 | |
| J2650 | Prednisolone Acetate Inj | | | M | |
| J2675 | Inj Progesterone Per 50 Mg | | | \$1.16 | |
| J2680 | Fluphenazine Decanoate 25 Mg | | | \$21.55 | |
| J2700 | Oxacillin Sodium Injeciton | | | \$1.88 | |
| J2780 | Ranitidine Hydrochloride Inj | | | \$1.04 | |
| J2788 | Rho D Immune Globulin 50 Mcg | | | \$25.81 | |
| J2790 | Rho D Immune Globulin Inj | | | \$83.83 | |
| J2791 | Rhophylac Injection | | | \$4.73 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| J2792 | Rho(D) Immune Globulin H, Sd | | | \$20.25 | |
| J2794 | Risperidone, Long Acting | | | \$7.32 | |
| J2860 | Injection, Siltuximab | | | M | |
| J2916 | Na Ferric Gluconate Complex | | | \$2.46 | |
| J2920 | Methylprednisolone Injection | | | \$2.96 | |
| J2930 | Methylprednisolone Injection | | | \$4.21 | |
| J3000 | Streptomycin Injection | | | \$11.80 | |
| J3090 | Inj Tedizolid Phosphate | | | \$1.21 | |
| J3250 | Trimethobenzamide Hcl Inj | | | \$23.62 | |
| J3260 | Tobramycin Sulfate Injection | | | \$2.70 | |
| J3265 | Injection Torsemide 10 Mg/Ml | | | M | |
| J3301 | Triamcinolone Acet Inj Nos | | | \$1.78 | |
| J3302 | Triamcinolone Diacetate Inj | | | M | |
| J3303 | Triamcinolone Hexacetonl Inj | | | \$1.81 | |
| J3305 | Inj Trimetrexate Glucoronate | | | M | |
| J3310 | Perphenazine Injeciton | | | M | |
| J3315 | Triptorelin Pamoate | | | \$234.96 | |
| J3320 | Spectinomycin Di-Hcl Inj | | | M | |
| J3360 | Diazepam Injection | | | \$6.27 | |
| J3370 | Vancomycin Hcl Injection | | | \$2.99 | |
| J3380 | Injection, Vedolizumab | | | \$17.03 | |
| J3410 | Hydroxyzine Hcl Injection | | | \$2.37 | |
| J3411 | Thiamine Hcl 100 Mg | | | \$3.28 | |
| J3415 | Pyridoxine Hcl 100 Mg | | | \$9.66 | |
| J3420 | Vitamin B12 Injection | | | \$3.71 | |
| J3430 | Vitamin K Phytonadione Inj | | | \$2.80 | |
| J3465 | Injection, Voriconazole | | | \$4.56 | |
| J3471 | Ovine, Up To 999 Usp Units | | | \$0.36 | |
| J3472 | Ovine, 1000 Usp Units | | | \$137.80 | |
| J3473 | Hyaluronidase Recombinant | | | \$0.36 | |
| J3475 | Inj Magnesium Sulfate | | | \$0.25 | |
| J3480 | Inj Potassium Chloride | | | \$0.16 | |
| J3485 | Zidovudine | | | \$1.50 | |
| J3486 | Ziprasidone Mesylate | | | \$15.55 | |
| J3489 | Zoledronic Acid 1mg | | | \$21.12 | |
| J7030 | Normal Saline Solution Infus | | | \$1.98 | |
| J7040 | Normal Saline Solution Infus | | | \$0.99 | |
| J7042 | 5% Dextrose/Normal Saline | | | \$0.67 | |
| J7050 | Normal Saline Solution Infus | | | \$0.49 | |
| J7060 | 5% Dextrose/Water | | | \$1.68 | |
| J7070 | D5w Infusion | | | \$3.24 | |
| J7100 | Dextran 40 Infusion | | | \$17.77 | |
| J7110 | Dextran 75 Infusion | | | M | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|------------|------------------|
| J7120 | Ringers Lactate Infusion | | | \$1.86 | |
| J7121 | 5% Dextrose In Lac Ringers | | | M | |
| J7180 | Factor Xiii Anti-Hem Factor | | | \$7.77 | |
| J7181 | Factor Xiii Recomb A-Subunit | | | M | |
| J7182 | Factor Viii Recomb Novoeight | | | \$1.39 | |
| J7183 | Wilate Injection | | | \$0.98 | |
| J7185 | Xyntha Inj | | | \$1.20 | |
| J7187 | Humate-P, Inj | | | \$1.00 | |
| J7188 | Factor Viii Recomb Obizur | | | M | |
| J7189 | Factor Viia | | | \$1.90 | |
| J7190 | Factor Viii | | | \$0.96 | |
| J7191 | Factor Viii (Porcine) | | | M | |
| J7192 | Factor Viii Recombinant Nos | | | \$1.18 | |
| J7193 | Factor Ix Non-Recombinant | | | \$1.12 | |
| J7194 | Factor Ix Complex | | | \$1.22 | |
| J7195 | Factor Ix Recombinant Nos | | | \$1.45 | |
| J7196 | Antithrombin Recombinant | | | M | |
| J7197 | Antithrombin Iii Injection | | | \$3.68 | |
| J7198 | Anti-Inhibitor | | | \$1.90 | |
| J7199 | Hemophilia Clot Factor Noc | | | M | |
| J7200 | Factor Ix Recombinan Rixubis | | | \$1.23 | |
| J7201 | Factor Ix Fc Fusion Recomb | | | \$2.82 | |
| J7205 | Factor Viii Fc Fusion Recomb | | | \$1.90 | |
| J7297 | Levonorgestrel Iu 52mg 3 Yr | | | \$662.50 | |
| J7298 | Levonorgestrel Iu 52mg 5 Yr | | | \$859.11 | |
| J7300 | Intraut Copper Contraceptive | | | \$783.34 | |
| J7301 | Levonorgestrel Iu 13.5 Mg | | | \$689.33 | |
| J7303 | Contraceptive Vaginal Ring | | | \$24.42 | |
| J7304 | Contraceptive Hormone Patch | | | \$35.44 | |
| J7307 | Etonogestrel Implant System | | | \$817.81 | |
| J7308 | Aminolevulinic Acid Hcl Top | | | \$327.41 | |
| J7309 | Methyl Aminolevulinate, Top | | | \$83.69 | |
| J7315 | Ophthalmic Mitomycin | | | M | |
| J7316 | Inj, Ocriplasmin, 0.125 Mg | | | \$1,046.75 | |
| J7321 | Hyalgan/Supartz Inj Per Dose | | | \$88.56 | |
| J7323 | Euflexxa Inj Per Dose | | | \$156.86 | |
| J7324 | Orthovisc Inj Per Dose | | | \$167.83 | |
| J7325 | Synvisc Or Synvisc-One | | | \$12.83 | |
| J7326 | Gel-One | | | \$571.96 | |
| J7327 | Monovisc Inj Per Dose | | | \$934.44 | |
| J7328 | Gel-Syn Injection 0.1 Mg | | | M | |
| J7336 | Capsaicin 8% Patch | | | \$2.89 | |
| J7501 | Azathioprine Parenteral | | | \$217.30 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|--------------------------------|----------|-----------|-------------|------------------|
| J7504 | Lymphocyte Immune Globulin | | | \$1,137.19 | |
| J7511 | Antithymocyte Globulin Rabbit | | | \$649.58 | |
| J7516 | Cyclosporin Parenteral 250mg | | | \$39.68 | |
| J7525 | Tacrolimus Injection | | | \$164.16 | |
| J7999 | Compounded Drug, Noc | | | M | |
| J8655 | Netupitant Palonosetron Oral | | | \$395.65 | |
| J9032 | Injection, Belinostat, 10mg | | | \$32.41 | |
| J9039 | Injection, Blinatumomab | | | M | |
| J9212 | Interferon Alfacon-1 Inj | | | M | |
| J9213 | Interferon Alfa-2a Inj | | | M | |
| J9214 | Interferon Alfa-2b Inj | | | \$25.30 | |
| J9215 | Interferon Alfa-N3 Inj | | | \$31.80 | |
| J9216 | Interferon Gamma 1-B Inj | | | M | |
| J9217 | Leuprolide Acetate Suspnsion | | | \$231.79 | |
| J9219 | Leuprolide Acetate Implant | | | M | |
| J9225 | Vantas Implant | | | \$3,052.96 | |
| J9226 | Supprelin La Implant | | | \$24,068.75 | |
| J9271 | Inj Pembrolizumab | | | \$45.70 | |
| J9299 | Injection, Nivolumab | | | \$25.62 | |
| J9308 | Injection, Ramucirumab | | | \$54.00 | |
| L4350 | Ankle Control Ortho Pre Ots | | | \$73.80 | |
| L4360 | Pneumat Walking Boot Pre Cst | | | \$197.46 | |
| L4361 | Pneuma/Vac Walk Boot Pre Ots | | | \$176.50 | |
| L4370 | Pneum Full Leg Splnt Pre Ots | | | \$179.50 | |
| Q0091 | Obtaining Screen Pap Smear | | | \$25.16 | |
| Q0111 | Wet Mounts/ W Preparations | | | \$1.54 | |
| Q0112 | Potassium Hydroxide Preps | | | \$1.54 | |
| Q0113 | Pinworm Examinations | | | \$1.54 | |
| Q0114 | Fern Test | | | \$1.54 | |
| Q0138 | Ferumoxitol, Non-Esrd | | | \$0.84 | |
| Q0139 | Ferumoxitol, Esrd Use | | | \$0.84 | |
| Q0144 | Azithromycin Dihydrate, Oral | | | \$15.05 | |
| Q2034 | Agriflu Vaccine | | | M | |
| Q2035 | Afluria Vacc, 3 Yrs '&' >, Im | | | \$13.03 | |
| Q2036 | Flulaval Vacc, 3 Yrs '&' >, Im | | | \$8.58 | |
| Q2037 | Fluvirin Vacc, 3 Yrs '&' >, Im | | | \$15.83 | |
| Q2038 | Fluzone Vacc, 3 Yrs '&' >, Im | | | \$12.04 | |
| Q2039 | Nos Flu Vacc, 3 Yrs '&' >, Im | | | M | |
| Q3027 | Inj Beta Interferon Im 1 Mcg | | | \$43.48 | |
| Q4001 | Cast Sup Body Cast Plaster | | | \$35.89 | |
| Q4002 | Cast Sup Body Cast Fiberglas | | | \$135.65 | |
| Q4003 | Cast Sup Shoulder Cast Plstr | | | \$25.78 | |
| Q4004 | Cast Sup Shoulder Cast Fbrgl | | | \$89.25 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|---------|------------------|
| Q4005 | Cast Sup Long Arm Adult Plst | | | \$9.50 | |
| Q4006 | Cast Sup Long Arm Adult Fbrg | | | \$21.42 | |
| Q4007 | Cast Sup Long Arm Ped Plster | | | \$4.76 | |
| Q4008 | Cast Sup Long Arm Ped Fbrgls | | | \$10.71 | |
| Q4009 | Cast Sup Sht Arm Adult Plstr | | | \$6.34 | |
| Q4010 | Cast Sup Sht Arm Adult Fbrgl | | | \$14.28 | |
| Q4011 | Cast Sup Sht Arm Ped Plaster | | | \$3.17 | |
| Q4012 | Cast Sup Sht Arm Ped Fbrglas | | | \$7.14 | |
| Q4013 | Cast Sup Gauntlet Plaster | | | \$11.54 | |
| Q4014 | Cast Sup Gauntlet Fiberglass | | | \$19.48 | |
| Q4015 | Cast Sup Gauntlet Ped Plster | | | \$5.77 | |
| Q4016 | Cast Sup Gauntlet Ped Fbrgls | | | \$9.74 | |
| Q4017 | Cast Sup Lng Arm Splint Plst | | | \$6.68 | |
| Q4018 | Cast Sup Lng Arm Splint Fbrg | | | \$10.65 | |
| Q4019 | Cast Sup Lng Arm Splnt Ped P | | | \$3.34 | |
| Q4020 | Cast Sup Lng Arm Splnt Ped F | | | \$5.33 | |
| Q4021 | Cast Sup Sht Arm Splint Plst | | | \$4.94 | |
| Q4022 | Cast Sup Sht Arm Splint Fbrg | | | \$8.92 | |
| Q4023 | Cast Sup Sht Arm Splnt Ped P | | | \$2.48 | |
| Q4024 | Cast Sup Sht Arm Splnt Ped F | | | \$4.46 | |
| Q4025 | Cast Sup Hip Spica Plaster | | | \$27.72 | |
| Q4026 | Cast Sup Hip Spica Fiberglas | | | \$86.53 | |
| Q4027 | Cast Sup Hip Spica Ped Plstr | | | \$13.86 | |
| Q4028 | Cast Sup Hip Spica Ped Fbrgl | | | \$43.27 | |
| Q4029 | Cast Sup Long Leg Plaster | | | \$21.19 | |
| Q4030 | Cast Sup Long Leg Fiberglass | | | \$55.78 | |
| Q4031 | Cast Sup Lng Leg Ped Plaster | | | \$10.60 | |
| Q4032 | Cast Sup Lng Leg Ped Fbrgls | | | \$27.89 | |
| Q4033 | Cast Sup Lng Leg Cylinder Pl | | | \$19.76 | |
| Q4034 | Cast Sup Lng Leg Cylinder Fb | | | \$49.17 | |
| Q4035 | Cast Sup Lngleg Cylnr Ped P | | | \$9.89 | |
| Q4036 | Cast Sup Lngleg Cylnr Ped F | | | \$24.59 | |
| Q4037 | Cast Sup Shrt Leg Plaster | | | \$12.06 | |
| Q4038 | Cast Sup Shrt Leg Fiberglass | | | \$30.21 | |
| Q4039 | Cast Sup Shrt Leg Ped Plster | | | \$6.04 | |
| Q4040 | Cast Sup Shrt Leg Ped Fbrgls | | | \$15.11 | |
| Q4041 | Cast Sup Lng Leg Splnt Plstr | | | \$14.66 | |
| Q4042 | Cast Sup Lng Leg Splnt Fbrgl | | | \$25.03 | |
| Q4043 | Cast Sup Lng Leg Splnt Ped P | | | \$7.33 | |
| Q4044 | Cast Sup Lng Leg Splnt Ped F | | | \$12.52 | |
| Q4045 | Cast Sup Sht Leg Splnt Plstr | | | \$8.51 | |
| Q4046 | Cast Sup Sht Leg Splnt Fbrgl | | | \$13.69 | |
| Q4047 | Cast Sup Sht Leg Splnt Ped P | | | \$4.25 | |

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
April - 2016

| Code | Short Description | Modifier | Age Range | Rate | Effective Date** |
|-------|------------------------------|----------|-----------|----------|------------------|
| Q4048 | Cast Sup Sht Leg Splnt Ped F | | | \$6.85 | |
| Q4049 | Finger Splint, Static | | | \$1.55 | |
| Q4050 | Cast Supplies Unlisted | | | M | |
| Q4051 | Splint Supplies Misc | | | M | |
| Q4081 | Epoetin Alfa, 100 Units Esrd | | | \$1.24 | |
| Q4106 | Dermagraft | | | \$32.90 | |
| Q4131 | Epifix | | | \$179.54 | |
| Q9951 | Locm >= 400 Mg/MI Iodine,1ml | | | M | |
| Q9965 | Locm 100-199mg/MI Iodine,1ml | | | \$0.88 | |
| Q9966 | Locm 200-299mg/MI Iodine,1ml | | | \$0.16 | |
| Q9967 | Locm 300-399mg/MI Iodine,1ml | | | \$0.12 | |
| Q9980 | Genvisc, Inj, 1mg | | | M | |
| R0075 | Transport Port X-Ray Multipl | | | \$68.95 | |
| S0030 | Injection, Metronidazole | | | \$0.02 | |
| S0032 | Injection, Nafcillin Sodium | | | M | |
| S0074 | Injection, Cefotetan Disodiu | | | M | |
| S0077 | Injection, Clindamycin Phosp | | | \$3.30 | |
| S0080 | Injection, Pentamidine Iseth | | | \$40.02 | |
| S0145 | Peg Interferon Alfa-2a/180 | | | M | |
| S0148 | Peg Interferon Alfa-2b/10 | | | M | |
| S0164 | Injection Pantoprazole | | | \$5.30 | |
| S0166 | Inj Olanzapine 2.5mg | | | \$10.35 | |
| S0171 | Bumetanide 0.5 Mg | | | \$0.53 | |
| S0190 | Mifepristone, Oral, 200 Mg | | | M | |
| S0191 | Misoprostol, Oral, 200 Mcg | | | M | |
| S0199 | Med Abortion Inc All Ex Drug | | | M | |
| S0592 | Comp Cont Lens Eval | | | \$28.72 | |
| S0620 | Routine Ophthalmological Exa | | | \$45.17 | |
| S0621 | Routine Ophthalmological Exa | | | \$47.54 | |
| S2083 | Adjustment Gastric Band | | | \$32.68 | |
| S4989 | Contracept Iud | | | \$127.82 | |
| S9024 | Paranasal Sinus Ultrasound | | | M | |
| S9443 | Lactation Class | | | 49.92 | |

*Covered benefit for HMP only: 81528, G0328

*Covered benefit for CSHCS only: D0340, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794, D2799, D5982, D5988, D6010, D6055, D6056, D6057, D6058, D6059, D6062, D6065, D6066, D6067, D6068, D6069, D6072, D6075, D6076, D6077, D6080, D6090, D6091, D6092, D6093, D6094, D6095, D6100, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6253, D6710, D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6793, D6794, D6980, D7280, D7282, D7283, D8050, D8060, D8070, D8080, D8090, D8660, D8670,

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.